



Credit Card Payment Authorization Form

Please complete all fields to authorize the Ohio State Fair to make a debit to your credit card listed below. By signing this form, you give permission to debit your account for all approved transactions.

I, _____ (full name), authorize the Ohio State Fair to charge my credit card for the following amount \$ _____. I understand that my information **will not** be saved to file for future transactions on my account.

Billing Address _____

City, State, Zip _____

Email _____

Phone _____

Cardholder Name _____

Contract No. _____

Card No. _____

Expiration Date _____

CID No. (3 digit number on the back of card) _____

Visa MasterCard Discover
(circle one)

Signature _____

Date _____

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

Submit to: Tanya Allen, Fiscal Office, Ohio State Fair, 717 East 17th Avenue, Columbus, Ohio
43211-2698; T.Allen@expo.ohio.gov.