



## 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: Jo Ellen Albanese, Fiscal Office, Ohio State Fair, 717 East 17<sup>th</sup> Avenue, Columbus, Ohio 43211-2698; j.albanese@expo.ohio.gov.