

2330 17th St NE
Salem, OR 97301
Tel 971-701-6567
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CREDIT CARD PAYMENT FORM
STATE FAIR



CREDIT CARD INFORMATION			
Customer Name:			
Credit Card Type:		<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
		<input type="checkbox"/> Discover	
Credit Card Number:		Expiration Date:	
Name as it appears on Credit Card:		CVC2 Code:	
Payment Amount (US Dollars): \$			
Signature:		Date:	
CREDIT CARD BILLING ADDRESS*			
Street Address:			
City:			
State:		Zip/Postal Code:	Country:
Phone Number:		Fax Number:	
Email address:			
If you would like to have a receipt emailed to you, please check here: <input type="checkbox"/>			
Cell Number:			
VENDOR INFORMATION			
Business Name as shown on Contract / Agreement		<input type="checkbox"/> Commercial Exhibitor	
		<input type="checkbox"/> Food Concessionaire	
Agreement #:		(Found on the upper right corner of your Commercial Exhibit Agreement)	
Total Amount to be Charged:			\$.

*For verification purposes, address information must be filled out as it appears on credit card monthly statement. Failure to complete the address information, including zip/postal code, may result in the payment not being accepted.

NOTE: THIS PAYMENT CANNOT BE POST-DATED. IT WILL BE PROCESSED IMMEDIATELY UPON RECEIPT BY THE OREGON STATE FAIR & EXPOSITION CENTER.