



Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US VIA EMAIL
WAESALES@farmshow.org or FAX 559-686-5065

Company Name: _____

Space #: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard AMEX

Credit Card Number: _____

Expiration Date: _____ CIN: _____ (3 digits located on the back of the card)

Amount to Charge: \$ _____ (USD)

I authorize WORLD AG EXPO to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.