



CREDIT CARD AUTHORIZATION FORM

Please fill out completely if you are paying by credit card.

I authorize Woodbury Days Council to initiate a charge on my credit card account for the total amount listed below.

NAME ON CARD — PLEASE PRINT _____

BILLING ADDRESS OF CARD — PLEASE PRINT _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS (A receipt of your purchase will be emailed to you) _____

CREDIT CARD NUMBER — PLEASE PRINT CLEARLY _____

EXPIRATION DATE _____ CODE ON BACK OF CARD _____ (usually 3 or 4 digits)

AMEX

DISCOVER

VISA

MASTERCARD

SIGNATURE _____

DATE _____

Please charge the following application fees to my credit card:

NAME OF BUSINESS _____

Booth Space Fee \$ _____

Parade Fee \$ _____

Tent Fee \$ _____

Button Sponsor Fee \$ _____

Sides \$ _____

Pre-Purchased Buttons \$ _____

Tables \$ _____

Sponsorship \$ _____

Chairs \$ _____

Other _____ \$ _____

Electrical \$ _____

Insurance Rider \$ _____

TOTAL OF ALL FEES \$ _____

Late Registration Fee \$ _____