PLEASE PRINT LEGIBLY-ALL FIELDS REQUIRED

CREDIT CARD PAYMENT: Submit with Craft Fair Application

Note: Information will be destroyed once payment is processed.

TYPE OF CARD (Visa, Mastercard, Discover: _____

NAME AS SHOWN ON CARD: _____

EMAIL OF CARDHOLDER: _____

CARD NUMBER: _____

EXPIRATION DATE: ____/____

BILLING ADDRESS: _____

BILLING CITY: _____

BILLING ZIPCODE: _____

BILLING PHONE NUMBER: _____

AMOUNT TO BE CHARGED: _____

PLEASE PRINT LEGIBLY