

CREDIT CARD PAYMENT FORM  
**SONOMA COUNTY HARVEST FAIR**

P. O. Box 1536  
Santa Rosa, CA 95402  
Phone: 707-545-4200 x205 Fax: 707-573-9342  
oa@sonomacountyfair.com

COMPANY NAME \_\_\_\_\_

CONTACT PERSON (S) \_\_\_\_\_

Payments may be made by using your *VISA, MASTER CARD OR DISCOVER CARD.*

*Please return completed forms by mail, fax or email ~ Thank you!*

**Payment 1**

**VISA** Account No:

\_\_\_\_\_

**MASTER CARD** Account No:

\_\_\_\_\_

**DISCOVER CARD** Account No:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_

*(V-Code: last 3 digits on the back of card)*

Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Payment 2**

**VISA** Account No:

\_\_\_\_\_

**MASTER CARD** Account No:

\_\_\_\_\_

**DISCOVER CARD** Account No:

\_\_\_\_\_

Expiration Date: \_\_\_\_\_

V-Code: \_\_\_\_\_

*(V-Code: last 3 digits on the back of card)*

Amount: \$ \_\_\_\_\_