



### Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO US VIA EMAIL  
[WAESALES@farmshow.org](mailto: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.