

ILLINOIS STATE FAIR

PAYMENT BY CREDIT CARD ONLY

Business Name: _____

Contact Person: _____

Address: _____

City/ State / Zip: _____

Home/Cell Phone #: _____ Work/Cell Phone #: _____

<u>Payment applied to</u>	<u>Amount</u>
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Vendor Fee:	Contract # _____	_____
	Contract # _____	_____

Exhibit Fee:	Contract # _____	_____
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Electric Fee:	Contract # _____	_____
	Contract # _____	_____

Supply Lot Fee: _____

Telephone Fee: _____

Adult Admission (11 coupons) # Books _____ @ \$45.00 _____

Parking Permit: # Permits _____ @ \$40.00 _____

Do you wish to have passes mailed? Yes _____ No _____

If yes, certified mailing charges may apply.

If no, passes will be held for pick up at the Space Rental Office.

***Total Amount of Charge Authorized: \$ _____**

**Please note that there is a 2.25% added fee on the total amount being charged.*

Visa _____ MasterCard _____ Discover _____ American Ex _____

Name on Charge Card: _____ CVV2 #: _____

Charge Card number: _____ Expiration Date: _____

Total Amount of Charge Authorized: \$ _____

Authorized Credit Card signature: _____

Office Use only:

Date Received: _____

FMR #: _____

Date Charged: _____

SR Name: _____