

**ILLINIOIS STATE FAIR**  
**PAYMENT BY CREDIT CARD ONLY**

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City/ State / Zip: \_\_\_\_\_

Home/Cell Phone #: \_\_\_\_\_ Work/Cell Phone #: \_\_\_\_\_

**Payment applied to**

**Amount**

Vendor Fee:	Contract # _____	_____
	Contract # _____	_____

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

Supply Lot Fee:	_____
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Telephone Fee:	_____
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Adult Admission (11 coupons)	# Books _____ @ \$45.00	_____
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Senior Admission (10 coupons)	# Books _____ @ \$30.00	_____
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Parking Permit:	# Permits _____ @ \$40.00	_____
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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: \_\_\_\_\_ Zip Code \_\_\_\_\_ 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: \_\_\_\_\_