



CREDIT CARD AUTHORIZATION FORM

PLEASE FILL OUT AND COMPLETE THIS AUTHORIZATION AND RETURN WITH YOUR VENDOR APPLICATION OR SPONSOR BROCHURE TO OFFICE@SNMSTATEFAIRGROUNDS.NET OR TO SNMSFR, PO BOX 1145, LAS CRUCES, NM 88004

NAME _____

NAME OF CARDHOLDER: _____ (AS IT APPEARS ON THE CARD)

BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE #: _____

CREDIT CARD TYPE: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX _____

CREDIT CARD NUMBER: _____ (PLEASE PRINT CLEARLY)

EXPIRATION DATE: _____

BILLING ZIP CODE: _____

CARD IDENTIFICATION NUMBER (3 DIGITS LOCATED ON THE BACK OF VISA OR MASTERCARD AND FRONT OF AMEX): _____

Back of Your Credit Card



TOTAL AMOUNT CHARGED \$ _____

I hereby authorize Southern New Mexico State Fair & Rodeo to charge my card for the amount listed above. I certify that I am the authorized cardholder and I have full authority to make purchases on behalf of the account listed above.

SIGNATURE OF CARDHOLDER: _____ DATE: _____

PRINT NAME: _____