

2020 ILLINIOIS 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>
Vendor Fee:	Contract # _____	_____
	Contract # _____	_____
Exhibit Fee:	Contract # _____	_____
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: \_\_\_\_\_

Date Charged: \_\_\_\_\_

FMR #: \_\_\_\_\_

SR Name: \_\_\_\_\_