



**P.O. Box 164
 Simi Valley, CA
 93065-0164
 Fax (805) 527-4319**

**Confidential
 Information**

**Credit Card
 Authorization
 Form**

Instructions:

1. Please type or print clearly
2. Fill out form completely
3. Make a copy of your credit card and attach where indicated.
4. Sign and date this form.
5. Mail or fax back (we cannot process any credit card sales without this form).

CARD BILLING INFORMATION	BUSINESS INFORMATION
Cardholder Name:	Business Name:
Address: <small>(where bill is sent)</small>	Business Address:
City, State, Zip:	City, State, Zip:
Phone:	Business Phone:
Fax:	Business Fax:



**COPY OF CREDIT CARD (Mastercard, VISA, Discover)
 We Do NOT accept American Express**

(Front)

(Back)

Invoice: # _____ Invoice Date: _____ Invoice Amount: \$ _____

Issuing Bank: _____ Sec. Code _____
(Last 3 digits on back of Card)

Card Number: _____ - _____ - _____ - _____ Expiration Date: _____

I hereby authorize the Simi Valley Days Foundation to charge the above listed card for a Booth or Sponsorship at the Simi Valley Fair & Music Festival on behalf of my Company, listed above. My signature below reflects that I am authorized to approve & allow this charge to process through my above listed bank.

Cardholder Signature _____ Date _____