

Visa/MasterCard/American Express Credit Card Form

Office Use File Name _____

Business/Farm Name _____

Name (as it appears on card) _____

CARD NUMBER _____

EXPIRATION DATE _____ 3-Digit code on back of card (AMEX 4-digit code on front) _____

Billing Address _____

City/State/Zip Code _____

Mailing Address (if different than Billing) _____

City/State/Zip Code _____

E-Mail Address _____

Phone: Home _____ Work _____ Cell _____

Description of Charges: _____

TOTAL Amount Charged \$_____ (plus 5% fee)

Check here if card is to pay for additional fees that accumulate during the show: ☐

SIGNATURE _____ Print Name _____

*** Piedmont PFHA will make a pre-authorization charge of \$1.00, which will be credited to your show bill**