



2017 CREDIT CARD AUTHORIZATION

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
ALL INFORMATION WILL REMAIN CONFIDENTIAL!

Business Name: _____

Email: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number (last 3 digits located on the back of the card): _____
(Or 4 digits on AmEx card)

Amount to Charge: \$ _____ Balance: \$ _____

Deposit \$ _____ Booth Space \$ _____ Other \$ _____

I authorize Dell'Osso Farms, LLC., to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign & Date Below:

Signed: _____

Dated: _____

Print Name: _____

Once signed return the completed form via email: vendors@baconfest.com or by fax:
(209) 879-7928 or by mail: 26 W Stewart Rd, Lathrop, CA 95330