



Credit Card Authorization Form

By signing this form I authorize National Food Festivals, Inc. to debit my account for Food Vendor Participation Fees. Please email this form to amy@nationalfoodfestivals.com

Card Type:	Visa	MasterCard	AMEX	Discover	Other: _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cardholder Name*	_____				
Company Name*	_____				
Card Number*	_____				
Expiration Date (MM/YY)*	_____				
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)	_____				
Billing Address:	_____				

* Obligatory fields.					

CARDHOLDER SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable.