



4501 Pleasanton Avenue
Pleasanton CA 94566
925/426-7600 Fax 925/426-5180

Credit Card Authorization Form

2018 Scottish Games Insurance Request Form

Date: _____

This is to verify that I _____ (full name as it appears on credit card) authorize Alameda County Fair Association to pay my account with the use of my credit card. Alameda County Fair Association has not stamped my card but will keep this letter and signature on file to verify authorization.

- Visa
- Master Card
- American Express
- Discover Card

Credit Card Number _____

Expiration Date _____ Security Code _____

Company Name _____

Address _____

Phone# _____ Email _____

Payment for:

- Commercial Vendor Insurance: \$ 37.00
- Concessions Vendor Insurance: \$ 50.00
- Other: _____ \$ _____

Total to be charged: \$ _____

Name of Cardholder: (Please Print) _____

Authorized Signature: _____