

2011 Fond du Lac County Fair Vendor Payment Form

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

- Payment enclosed, US funds payable to Fond du Lac County Ag Society
- Bill my credit card (US Funds)
 - MasterCard
 - Visa
 - Discover

Cardholder Name: _____

Cardholder Billing Address: _____

Card Number: _____

Security Code: _____ Expiration Date: _____ (mm/YY)

Signature: _____

Mail with payment & contract or fax/email with card information & contract to address/number below:

PO Box 1466, Fond du Lac WI 54936 920.921.2387 info@fonddulacountyfair.com