



PLEASE CHECK ONE:

Charge now

Charge Aug 1, 2022

Charge as follows: (By Aug 1)

\$ _____ on _____

\$ _____ on _____

\$ _____ on _____

\$ _____ on _____

Payment Information

Make checks payable to: Harvest Festival

To Pay by Credit Card complete all information below:

ALL CREDIT CARD PAYMENTS WILL BE CHARGED A 3% CONVENIENCE FEE.

Visa MasterCard American Express Amount to Charge: \$ _____

Company Name _____

Card Number _____ Exp. Date _____ CVV # _____

Card Holder Name _____

Card Billing Address _____ Zip _____

Mail Payments to:

Harvest Festival, 1145 Second Street, Suite A332, Brentwood, CA 94513 or Fax payment to: 925-392-7303

Final balance for ALL SHOWS is due August 1, 2022.

Thereafter, a late fee of 10% will be applied for each show.

Booths assigned after August 1st, must be paid in full or are subject to a late fee.

BOOTH SPACE & PAYMENT QUESTIONS: Contact Jordana at 925-392-7300 x102 or jordana@harvestfestival.com; or Tony at 925-392-7300 x101 or tony@harvestfestival.com

PLEASE NOTE: Final balances WILL NOT be charged automatically at the due date unless specified on application. If you want your final balance charged on August 1st, you MUST check the appropriate box AND initial for consent.

I authorize, Glenn Companies LLC dba Harvest Festival®, to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Harvest Festival®, in writing, of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. This payment authorization is for the goods/services described above, for the amount(s) indicated above only. 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; so long as the transaction corresponds to the terms indicated in this form.

Card Holder Signature _____ Date _____