



Health Permit Payment Authorization Form

Please select the correct category fee for each show you are participating in and check the box. All exhibitors that are sampling in any way must choose the correct category/fee. This will be strictly enforced by Show Management and the Health Department. If paying by check, please remit form along with a check made out Harvest Festival®. **All payments are due with Health Permit paperwork.**

SHOW	FEES (CAT 1)	✓	FEES (CAT 2)	✓	FEES (CAT 3)	✓	VET
LAS VEGAS	\$131	<input type="checkbox"/>	\$131	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
VENTURA	\$69.22	<input type="checkbox"/>	\$130.86	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
DEL MAR	\$138	<input type="checkbox"/>	\$237	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
PLEASANTON	\$143	<input type="checkbox"/>	\$211	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
SAN MATEO	\$100	<input type="checkbox"/>	\$149	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
SACRAMENTO	\$75	<input type="checkbox"/>	\$158	<input type="checkbox"/>	N/A	<input type="checkbox"/>	<input type="checkbox"/>
POMONA	\$82	<input type="checkbox"/>	\$116	<input type="checkbox"/>	\$184	<input type="checkbox"/>	<input type="checkbox"/>

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

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 PLUS 3% processing fee. 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 _____