



Order Information

Return Form

Exhibitor name \_\_\_\_\_

George Crowe

Booth # \_\_\_\_\_

[Georgec@scstatefair.org](mailto:Georgec@scstatefair.org)

Show Date \_\_\_\_\_

803-530-1954

30" High Table NOT SKIRTED	Quantity	Price	<b>TOTAL</b>
4ft x 2ft		\$30.00	
6ft x 2ft		\$35.00	
8ft x 2ft		\$40.00	

30" High Table SKIRTED	Quantity	Price	<b>TOTAL</b>
4ft x 2ft		\$45.00	
6ft x 2ft		\$50.00	
8ft x 2ft		\$55.00	

42" High Table NOT SKIRTED	Quantity	Price	<b>TOTAL</b>
4ft x 2ft		\$35.00	
6ft x 2ft		\$40.00	
8ft x 2ft		\$45.00	

42" High Table SKIRTED	Quantity	Price	<b>TOTAL</b>
4ft x 2ft		\$50.00	
6ft x 2ft		\$55.00	
8ft x 2ft		\$60.00	

EXTRA DRAPES	Quantity	Price	<b>TOTAL</b>
8 ft tall drape		\$50.00	
3 ft tall drape		\$55.00	



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder Billing Address): _____

I, \_\_\_\_\_, authorize South Carolina State Fair to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date