



# ANGELINA COUNTY FAIR ADD-ON

Return completed form to Fair office or email to [angelinacountyfair@gmail.com](mailto:angelinacountyfair@gmail.com)

Name to Bill: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Buyer # \_\_\_\_\_

I wish to add money on the following exhibitors' projects in the Angelina County Fair.

Exhibitor Name	Lot #	Item (division)	Amount

**TOTAL Add- on amount PAID**.....\$ \_\_\_\_\_

Check # \_\_\_\_\_ **INVOICE** the TOTAL add on amount. \_\_\_\_\_

I authorize the individual named above to be billed for the specific amount and understand the exhibitor will receive my add-on amount with their auction check if payment is made within 45 days of Fair.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For office use only _____ Called to confirm validity of add on
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