Hardee County Fair Association

Cowbelle's Kitchen Credit Application

Last Name_____ First Name_____

Address_____

_____

Home Phone Number_____ Cell Phone Number_____

Persons Who May Charge:_____ _____

_____ _____

_____ _____

Date	Cashier	Amount	Initials		Date	Cashier	Amount	Initials

Total_____

I agree to pay the total amount due by Thursday February 19, 2009.

Signature of Responsible Person_____

Date Paid_____ Cash or Check#_____ Board Member Initial_____

Last Name________________________________ First Name____________________________

Persons Who May Charge: ____________________________ ____________________________

____________________________ ____________________________

____________________________ ____________________________

Date	Cashier	Amount	Initials		Date	Cashier	Amount	Initials