

Payment Form

System Equine

14321 Fifth Line Nassagaweya • Rockwood, ON • N0B 2K0
519-856-9959 • Sales@SystemEquine.com



Customer Name: _____

Phone Number: _____

Email: _____

Address: _____

City: _____

Postal Code: _____ Province: _____

Date: _____

Billing Address

Ambassador Name: _____

Salesperson Name: _____



PAYMENT INFORMATION

- Cheque
 Interac e-Transfer
 Paypal
 Credit Card (see below)
 Preauthorized Debit 4-Payment Plan (see bottom)

Credit Card

Name on Card: _____

Visa

Number: _____ Expiry: ___/___ CVV: _____

Billing Address: _____

Mastercard

Postal Code: _____ Province: _____

Order Total: \$ _____

I authorize System Fencing Limited to charge the amount above or if paying in installments, the payment amounts below on their corresponding dates to my credit card.

Signature: _____ Date: _____

Preauthorized Debit 4-Payment Plan

Order total	\$
\$100 admin fee + tax	\$
Amount Per Payment	
Order total + admin fee	\$
4	

Payment Dates

1	_____
2	_____
3	_____
4	_____

OFFICER USE ONLY

Approved by: _____ Signature: _____

Date: _____