

# Payment Form

## System Equine

14321 Fifth Line Nassagaweya • Rockwood, ON • N0B 2K0  
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Customer Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Postal Code: \_\_\_\_\_ Province: \_\_\_\_\_

Date: \_\_\_\_\_

Billing Address

Ambassador Name: Equi-SMART

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	\$
<b>Amount Per Payment</b>	
Order total + admin fee	\$
4	

### Payment Dates

1	_____
2	_____
3	_____
4	_____

## OFFICER USE ONLY

Approved by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_