

Payment Form

System Equine

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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
- Credit Card (see below)

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 to my credit card.

Signature: _____ Date: _____

OFFICE USE ONLY

Approved by: _____ Signature: _____

Date: _____