

PAYMENT FORM

50% non-refundable deposit at the time of submission
 Final 50% payment BEFORE June 16TH, 2023

TOTAL AMOUNT OWED: _____

AMOUNT OF DOWN PAYMENT (50%): _____

BALANCE REMAINING: _____

| ✓ | PAYMENT TYPE | CREDIT CARD INFORMATION |
|---|------------------|---------------------------|
| | VISA | Credit Card #: |
| | MASTERCARD | |
| | AMERICAN EXPRESS | CW Code*: |
| | DEBIT | Expiry Date (month/year): |
| | CASH | Signature: |
| | CHEQUE | |

**digits found on back of credit card.*

FIRST NAME: _____ LAST NAME: _____

MAILING ADDRESS: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

DOB: _____

FOR OFFICE USE ONLY

Received by: _____

Date: _____

Payment plan not available with Multi-Game Packs