

PAYMENT FORM

50% non-refundable deposit at the time of submission
 Final 50% payment BEFORE Monday, June 17th, 2024

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