



CM-EQUIP
CUSTOMER CREDIT CARD PAYMENT

Customer Name:

Card Holder Name (if different):

Card Holder Address:

INVOICE/S TO BE PAID:

Invoice Number/s:

PAYMENT DETAILS:

Payment Method: ☐ Visa ☐ Mastercard ☐ America Express

Amount: \$ _____

Currency: ☐ CAD ☐ USD

Credit Card Number: _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _

Expiry Date: _ _ / _ _ (MM/YY)

Card Verification Digits: _ _ _

Signature: _____

** Please note a 3% administration fee will be added to the authorised amount.*