



Credit Card Payment Authorization

Order # _____ OR Quote # _____

Name on Order or Quote _____

Event Date(s) _____

Amount of Payment \$ _____ CAD

Check One: Mastercard Visa Discover

Name of Cardholder _____

Credit Card # _____

Billing Address _____

City _____

Postal Code _____

Phone _____

Exp. Date ____ / ____ (MM/YY)

CVV _____ (The last three digits on the back of your card)

I authorize Springfield Tent Rentals Inc. to process this payment on the credit card listed above.

Signature _____ Date _____

*****Deposits are NON-Refundable. Cancellation policy is 30 days prior to delivery date.*****

This section to be completed by Springfield Tent Rentals Inc. staff:

Authorization #: _____

Date Processed: _____

Processed by: _____