



Credit Card Payment Form

I authorize Dundalk LeisureCraft Inc. to debit my credit card account as listed below, to pay my individual invoices.

Business Name:	
Cardholder Address:	
Cardholder Name:	
Card Number:	
Expiry Date:	
Security Code:	

- The Process will be done on every purchase or as agreed with Dundalk LeisureCraft.
- Your Statement will show Dundalk LeisureCraft Inc. as the vendor.

I hereby certify the above information is true to the best of my knowledge.

Signed: _____

Date: _____

Dundalk LeisureCraft Inc.

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