CVR
CANADIAN VENDING RENTALS

Request credit card authorization – Customer account only

Client name: _____   CVV #:_____

Card number: _____   Expiration date:_____

[ ] VISA   [ ] MASTERCARD

Holder name: _____   Signature:_____

Initial payment amount: _____

Date of initial payment: _____ /_____ /_____
                              dd   mm   yyyy

Monthly recurring amount: _____

Date of recurring payment: _____ /_____ /_____
                                  dd   mm   yyyy

Signature Authorization: _____   Date: _____