

Payment Options

Thank you for your purchase – we appreciate your business! Please note payment options below.

CANADIAN FUNDS

EFT / Wire Transfers

Canadian funds only!

To deposit CAD funds directly, please use the following information and reference your invoice number and name on the transfer. **Please send confirmation of payment to ar@lenmark.com!**

Beneficiary:

Lenmark Industries Ltd.
27576 51A Avenue Langley, BC V4W 4A9

Bank:

Royal Bank of Canada - 604-556-2153
31975 South Fraser Way
Abbotsford, BC V2T 1V5

Account #: 1021740

Transit #: 01040

Institution #: 003

USD FUNDS

Wire Transfers

USD funds only!

To deposit USD funds directly, please use the following information and reference your invoice number and name on the transfer. **Please send confirmation of payment to ar@lenmark.com!**

Beneficiary:

Lenmark Industries Ltd.
27576 51A Avenue Langley, BC V4W 4A9

Bank:

Royal Bank of Canada - 604-556-2153
31975 South Fraser Way
Abbotsford, BC V2T 1V5

USD Payments from within Canada:

Account #: 010404004644

Institution #: 003

SWIFT BIC Code: ROYCCAT2

Cheque

Please make cheques payable to “**Lenmark Industries Ltd**” and include your invoice # in the Memo. Cheques can be mailed or couriered to:

Lenmark Industries Ltd.
Attn: Accounting
27576 51A Avenue Langley, BC V4W4A9

E-Transfer

Please send all e-transfers to ar@lenmark.com using your invoice # as the security answer.

Credit Card

Please note attached.

PayPal

If PayPal is your preferred option, we can send a Request for Funds.

Credit Card Authorization



Please complete this form if you wish to have Lenmark charge your credit card for your purchase. Confirmation of all charges will be sent to the email address provided below.

Date: _____

Card: _____

Expiry: _____ / _____ **CVC Code:** _____
(back of card)

Cardholder Name: _____
(Individual's name as it appears on the card)

Company Name: _____
(if applicable)

Please provide the billing address for this credit card. It's the address listed on your credit card statement and is required to verify the card.

Billing Address: _____
Street Address

_____, _____
City Province Postal Code

Authorization

We/I authorize Lenmark Industries Ltd. to charge up to \$ _____ CAD / \$ _____ USD to the above credit card.

Authorized Signature: _____

Full Name: _____
Print

Please send your completed form:

- by email to ar@lenmark.com OR
- by fax to 604-856-1715