



COMMERCIAL VENDOR

Date: _____

Please print clearly

Commercial Business: _____

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone Number: _____ Email: _____

How many tables: _____

Space needed: _____

Amount due: \$85 x _____ = Total: _____

Method of Payment: VISA M/C Debit Cash
 Cheque payable to: **The Maritime Museum of BC Society**

For Credit Card Payments

Name as it appears on card: _____

Credit Card No.: _____

Expiry: _____/_____ CVV: _____

Agreement: I/We authorize The Maritime Museum of BC Society to receive a payment from my credit card in the amount specific above.

Signature: _____

Please return this form by email to abaker@mmbc.bc.ca or by mail to:

The Maritime Museum of British Columbia,
744 Douglas St, Victoria, BC
V8W 1M6

Questions? Contact Anya Baker abaker@mmbc.bc.ca