



Heritage Cremation Society

SIMPLE • SENSIBLE • AFFORDABLE

CREDIT CARD AUTHORIZATION FORM

Name as it appears on the card: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Type of Card: Visa Mastercard Other: _____

Card Number: _____

Expiration Date: _____ / _____ Special Number on back of card: _____
If Applicable

BREAKDOWN OF EXPENSES:	
Plan Selected:.....	\$ _____
Documentation Fee:.....	_____
Death Certificates:.....	_____
Delivery:.....	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
TOTAL CHARGE TO CREDIT CARD	\$

X _____
Signature

I agree to pay the total amount shown above in compliance with the cardholder agreement.