



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.