



AFFORDABLE
 FUNERAL HOME, LLC
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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Cardholder Name (as shown on card): _____				
Card Number:	Last Four digits: _____			
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

 Customer Signature

 Date

Please note that this authorization is to authorize the phone payment of your credit card for any services rendered. Please also remember to include only the last four digits of the card you will be using. Please understand that this is a non-refundable payment that is being made for goods and services until the card has been cleared by all accounts. Please also include your email address and/or phone number to receive an electronic receipt.