CREDIT CARD AUTHORIZATION FORM

Name: _____

Address: _____, City: _____

Zip Code: _____

Type of C/C: *(Please circle one)* **Visa** **MC** **AMX** **Discover**

C/C #: _____

Expiration Date: CVV: *(Code on back of card)*

I, _____

hereby authorize Lakeside Memorial Chapel, LLC to charge my credit card listed above for said services rendered for _____ in the amount of $_____ ._____

(Decedent's Name)

Signature of Card Holder: _____