



Phone (440) 238-1200 Fax (216) 367-4196

CREDIT CARD AUTHORIZATION:

I _____ (CARDHOLDER NAME AS APPEARS ON CARD) hereby authorize CLEVELAND CREMATION to charge my credit card listed below for the charges related to the attached statement of funeral goods and services.

Card Number: _____

Expiration Date: _____ CVV (ON BACK OF CARD) _____

Signed: _____ Date: _____

Name as it appears on Card _____

Billing Address for Card _____

NOTE: A 4% Credit Card Transaction Fee will be applied to the contract balance.