



Phone (440) 238-1200 Fax (216) 398-9494

## 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: We do not except American Express.

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