



Authorization for Credit Card Use

Please complete and sign credit card authorization form.

Name on Card: _____

Billing Address: _____

Email: _____ Phone: _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (3 digits located on the back or 4 digits on front for AMEX)

Contract Number: _____

I authorize Fairmount Cemetery Company to charge the amount necessary for my account to be current to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____ Date: _____

Print Name: _____