

3055 Three Mile Rd. NE, Grand Rapids, MI 49525

## **Credit Card Authorization Form**

In regards to the products and services for:
I agree to pay for this purchase in accordance with my issuing bank cardholder agreement.
Cardholder Name:
Billing Address:
Credit Card Type: Visa Mastercard Discover  Credit Card #:  Expiration Date:
CVV Code
Cardholder – Print Name, Sign and Date Below:
Name:
Signature:
Date:

PLEASE NOTE: This form is destroyed once your credit card is charged. Grand Rapids Cremation Services does not keep credit card information on file.

Please fax completed form to: 616-600-0082

Or email to: info@GRcremation.com