



650 Industrial Avenue
P.O.Box 2185
Salisbury, NC 28145

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Carolina Cremation to process the following credit card.

Visa: ____ MC: ____ Disc: ____

CARD NUMBER: _____

EXPIRATION DATE: _____

PHONE NUMBER: _____

NAME OF CARD HOLDER: _____

BILLING ADDRESS:

THIS CARD IS TO BE USED FOR THE FOLLOWING:

PROFESSIONAL SERVICES FOR _____

To be used for cash advance items, newspaper notices, legal certificates, courier fees, other

SIGNATURE: X _____

**Carolina Cremation
650 Industrial Avenue
P.O.Box 2185
Salisbury, NC 28145
Phone: (704) 636-1515
Fax: (704) 636-1504**