

Mortuary Aid Co.

14019 Rockway Drive
Baldwin Park, California 91706

AUTHORIZATION TO CHARGE CARD

Date: _____

Decedent's Name: _____

Payment for: _____

Amount to Charge: \$ _____

Type of Card: () MasterCard () Visa () American Express () Discover

Name (as it appears on card): _____

Card Number: _____

Expiration Date: _____

3 Digit Code on Back of Card: _____ **American Express**, 4 Digit Code on Front: _____

Billing Zip Code: _____

I authorize the above named business to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature:

X _____

Or

() Authorization taken by phone.

Taken by: _____