

CREDIT CARD AUTHORIZATION FORM

Name:

Address:

Zip Code: _____

C/C Type: MC Visa AMX Discover

C/C #: _____

Exp: _____ CVV: _____

I, _____ hereby authorize
Broward Funeral Choices, Inc., to charge my credit card listed above for said
services rendered for _____ in the amount of \$ _____.

Signature of Card Holder:
