



15381 Roosevelt Blvd - Clearwater, FL - 33760 - (727) 500-1707 - Fax (727) 500-1727

## Credit Card Authorization

I, \_\_\_\_\_ hereby authorize Best Care Cremation

to process the following credit card:

Discover

Visa

American Express

MasterCard

### Card Information

Card Number

\_\_\_\_\_

Security Code

\_\_\_\_\_

Exp. Date

\_\_\_\_\_

### Billing Information

Card Holder

\_\_\_\_\_

Billing Address

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

### This card is to be used for the following:

- Professional Services

\_\_\_\_\_

Name of deceased

File #

- Cash Advance items, newspaper notices, legal certificates, courier fees, etc.