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### Credit Card Authorization Form

I, \_\_\_\_\_, hereby authorize Georgia Funeral Care & Cremation Services to process the following credit card for services & merchandise for:

\_\_\_\_\_

\_\_\_\_\_ Visa    \_\_\_\_\_ MC    \_\_\_\_\_ AMX    \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_

Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_