

Our Lady Queen of Peace Catholic Cemetery of The Diocese of Palm Beach, Inc.
Credit Card Billing Authorization Form



Contract #: _____

Credit Card Billing Information:

Name on Card: _____

Credit Card Type:

Visa MasterCard American Express

Discover/Novus Other (please specify) _____

Issuing Bank: _____

Credit Card Number:

CVC Number: Amex

Expiration Date: Month Year

Billing Address: _____

City/State/Zip Code: _____

Phone Number: _____

Email address: _____

Please select payment option: **RECURRING PAYMENTS ARE PROCESSED ON THE 15TH OF EACH MONTH**

Once	<input type="checkbox"/> Bill my credit card once for the following amount: _____
Monthly	<input type="checkbox"/> Bill my credit card once a month for the following amount: _____
	<input type="checkbox"/> Date To Begin Recurring Payments: _____
	<input type="checkbox"/> 12 MONTHS INITIAL <input type="checkbox"/> 24 MONTHS INITIALS <input type="checkbox"/> 36 MONTHS INITIAL

Applicant ensures that all information provided is accurate and complete. Applicant further acknowledges that the above referenced contract may be suspended or terminated at the discretion of Our Lady Queen of Peace Cemetery in the event charges are declined or charged back.

Changes in the status of the above referenced credit card will be reported to Our Lady Queen of Peace Cemetery in a timely fashion.

Signature: _____ Date: _____