

# Credit Card Information Form



Please complete and fax to (604) 460-8735.

Funeral Home/Cemetery Name:				
Cardholder's Name:				
Cardholder's Phone Number:				
Type of Card (circle one):	VISA	MC	Debit	
Card Number:				
Expiry Date:				
3-digit Verification Code:				
Street Address: <small>(this is the billing address for the credit card which is not necessarily the delivery or billing address for orders)</small>				

Being the cardholder or Corporate Officer, by signing below I agree to authorize the Butterworth Urn Company to charge the credit card listed here for any products provided, including shipping and applicable taxes. I am aware that I will receive a copy of the invoice and credit card charge slip via postal service and that this will act as my record of any transaction.

Cardholder's Signature:	
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Any questions? Please give us a call at (604) 460-8730 or email us at [info@butterworthurns.com](mailto:info@butterworthurns.com).