



CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Heartland Cremation & Burial Society
to process the following credit card:

_____ Visa _____ Mastercard _____ Discover

CARD NUMBER:

EXPIRATION DATE:

PHONE NUMBER:

NAME OF CARD HOLDER:

BILLING ADDRESS:

SERVICES FOR:

SIGNATURE: X _____

6113 Blue Ridge Blvd
Raytown, MO 64133
Phone (816) 313-1677

616 Jackson St.
Columbia, MO 65201
Phone (573) 442-7850

618 Howard St.
Jefferson City, MO 65109
Phone (573) 636-7850

7700 Shawnee Mission Pkwy
Overland Park, KS 66202
Phone (913) 789-8998

www.heartlandcremation.com