

Non-Customer Removal Information

C.O.D. ONLY OR PREPAY CREDIT CARD

Name of Mortuary: _____

Address of Mortuary: _____

Billing Address: _____

Attention to: _____

Billing Phone Number: _____

Billing Fax Number: _____

Method of Payment: Check Credit Card Cash

CC# _____ Exp. _____ CV #: _____

Name on Card: _____ Zip Code: _____

All non-customers must have
a check ready on delivery or
you MUST take Credit Card
Information