



635 Wilkesboro St, Mocksville, NC 27028
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www.lambertfuneralhomenc.com

CREDIT CARD AUTHORIZATION

I, _____, hereby authorize Lambert Funeral Home and
Print Name

Cremation Service to process the following credit card: AMEX: _____ DISC: _____ MC: _____ VISA: _____

for the services of: _____
Print Name of Deceased

Name As It Appears On the Card: _____

Billing Address: _____

Card Number: _____

Expiration Date: _____

Phone number: _____

Signature: X _____

Mailing Address (if different than billing address):
