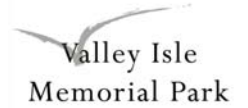


CREDIT CARD AUTHORIZATION FORM



Authority to charge payment of:

Pre-Need

At-Need

Funeral Plan: Acct. # _____

Funeral Plan: Acct. # _____

Cemetery: Acct. # _____

Cemetery: Acct. # _____

Name of Plan Holder: _____

Card Information:

AMEX

DISCOVER

MASTERCARD

VISA

Card Number: _____

Expiration Date: _____

Cardholder's Name (as it appears on card): _____

Cardholder's Address: _____

Authority to charge payment in the total amount of: _____ (US Dollars)

Is here by granted: _____ (Cardholder signature)

Ballard Family Mortuary
440 Ala Makani Street
Kahului, HI 96732
Ph: 808-871-7911
Fax: 808-877-1497

Borthwick Norman's Mortuary
105 Waiale Road
Wailuku, Maui 96793
Ph: 808-244-4062
Fax: 808-244-3072

Borthwick Hawaii Funeral Home
570 Kinoole Street
Hilo, HI 96793
Ph: 808-244-4065
Fax: 808-244-3072

Borthwick-Kona Funeral Service
79-7430 Mamalahoa Highway Suite A
Kaulua-Kona, HI 96740
Ph: 808-334-0009
Fax: 808-961-3237

Valley Isle Memorial Park
Haiku, Maui
Ph: 808-244-4911
Fax: 808-242-9527