



Memorials at Sea, LLC

P.O. Box 1255, Sequim, Washington 98382
(360) 809-9955 | sequimsailing@gmail.com

Payment Authorization Form

Name of Deceased: _____ Date of Death: _____

Payment Type:

Check/Money Order Enclosed

Debit/Credit Card

Credit Card Information:

Credit Card type (Select one): Visa MasterCard American Express Discover Card

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Name (As it appears on card): _____

Billing Address: _____

Telephone Number: _____ E-mail Address: _____

I authorize **Memorials at Sea, LLC** to charge the credit card above for the total amount of selected services, merchandise, gratuities, and applicable sales tax.

Cardholder Signature: _____ Date _____

| | | |
|------------------------|--|------------------|
| Invoice Amount: | Unattended Sea Scattering | <u>\$ 195.00</u> |
| | Gratuity for Captain/Crew (<i>Optional</i>) | _____ |
| | Merchandise (<i>urns, flowers, etc.</i>) | _____ |
| | WA Sales Tax (<i>8.8% on Merchandise only</i>) | _____ |
| | Total amount enclosed/authorized | _____ |

Please include this form along with a check/money order (if applicable), along with the Authorization for Scattering of Cremated Remains at Sea, and a copy of the original disposition permit in a separate envelope. Place inside the shipping box that contain your loved one's cremated remains and mail via Priority Mail Express to:

Memorials at Sea, LLC
P.O. Box 1255
Sequim, Washington 98382

Upon receipt, a copy of the credit card receipt (if applicable) will be e-mailed to you. Your loved one's Sea Scattering will be performed within 30 days (weather permitting). If you wish to be called before the ashes are scattered, please let us know. If there is no answer, we will leave a voice mail. If you have any questions or concerns, please call (360) 809-9955.