

# American Funeral & Cemetery Trust Services



## Application for Billing

Date \_\_\_\_\_

AFCTS Firm Account # \_\_\_\_\_

### Please begin billing service for:

Contract # \_\_\_\_\_ Contract Date \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ SS# \_\_\_\_\_

Purchaser Name \_\_\_\_\_ SS# \_\_\_\_\_

Billing Address \_\_\_\_\_  
Street City State Zip

Total Contract Amount \$ \_\_\_\_\_ Paid to Date \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_

Number of Monthly Payments \_\_\_\_\_ Monthly Payment Amount \$ \_\_\_\_\_ First Due Date \_\_\_\_\_  
Month/Year

**Statements are mailed on the 25th of each month. Payments must be received by the 20th of the following month for credit to the account prior to new bill cycle.**

*(Please note: There is a processing fee of \$1.75 per month per account for billing services.)*

I hereby agree to the above billing procedure.

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Beneficiary/Purchaser Name

\_\_\_\_\_  
Firm Representative Name

\_\_\_\_\_  
Beneficiary/Purchaser Signature

Date

\_\_\_\_\_  
Firm Representative Signature

Date

Please return this form in a business reply envelope or fax to:  
1-800-769-9063

Questions: please call 1-800-769-9363