

Funeral Planning and Survivors Guide Order Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____

CHOOSE THE GUIDE YOU WANT:

Questionnaire By Email \$14.95

Questionnaire By Mail \$49

Questionnaire and Personalized Manual \$99

Second Questionnaire \$20

Yearly Updates to Personalized Manual \$20

PAYMENT METHOD:

Check Money Order

Credit Card (VISA/MC/American Express Accepted)

Credit Card Type: _____

Credit Card Number: _____

Expiration Date: _____ CVS (3 digit number on back of card) _____

Name on Card(if different from above) _____

Billing Address of Credit Card: _____

Billing City, State, Zip of Card: _____

Mail completed order form along with your payment to:

800biz.com

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