

Oromocto Pioneer Gardens Cemetery Company Inc.

Cemetery Sales Agreement

Please print

Name _____ Date _____ 20 _____

Address _____ Apt. # _____ PO Box _____

City/Town _____ Province _____ Postal Code _____

Daytime Phone () _____ Evening Phone () _____ Cell () _____

E-mail _____

If requesting interment in the Field of Honour, please circle type of service:

Canadian Forces Police Service (RCMP or other) Firefighting Service Other Emergency Services

For Emergency Services, state employer _____

Number of Years _____ Service Number/Badge Number _____

Quantity	Description	Section, Unit/Row, Niche/ Lot No(s).	Unit Price	Total
Person(s) to be interred:			Subtotal	
1.			HST – add 13%	
2.			Total	

If applicable, list additional names on reverse

If paying *full amount*, select Method of Payment (check one):

Cheque Money Order Debit Credit Card Card No. _____

Make cheque/money order payable to: *Oromocto Pioneer Gardens Cemetery Company Inc.*

If paying by Credit Card, select: VISA MasterCard

Cardholder's name _____ Expiry date: Month/Year __ / __

Cardholder's signature _____

If you prefer, "Special Terms" (see reverse) may be selected, and monthly payments may be spread over 1 year.

Select Method of Payment (Credit cards are not accepted for installment payments.):

Post-dated Cheques

Automatic Debit from Bank Account (complete separate form and attach "void" cheque)

I have read and I accept the *Rules & Regulations* for the Cemetery.

Signature of purchaser _____

Date _____

Accepted on behalf of OPGCCI

_____ Date _____

For office use only

Service Record Confirmed _____ Signature _____ Date _____