**RICHMOND COACH & CREMATION SERVICE**

8500 Staples Mill Road, Henrico, VA 23228  **·** 804-514-0548

[richmondcoach@verizon.net](mailto:richmondcoach@verizon.net)

**FULL SERVICE CONTRACT FOR:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Contract \_\_\_\_\_\_\_\_\_\_ Date of Death \_\_\_\_\_\_\_\_\_\_ Date of Funeral \_\_\_\_\_\_\_\_\_\_

Charges shown are for those items that you selected or that are required. If we are required by law by a cemetery or crematory to use any items, we will explain the reason in writing below. If you selected a funeral that may require embalming, such as a funeral with viewing, you may have to pay for embalming. You do not have to pay for embalming you did not approve if you selected arrangements such as a direct cremation or immediate burial. If we charged for embalming, we will explain below.

**FULL SERVICE \_\_\_\_\_\_\_ GRAVESIDE \_\_\_\_\_\_\_ CREMATION \_\_\_\_\_\_ SHIP OUT \_\_\_\_\_\_\_**



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If any law, cemetery, or crematory requirements have required the purchase of any of the items above, the law requirement is explained here:

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**WARRANTY:**  The only warranty on the casket or burial container, or both, sold in connection with these services is the express written warranty, if any, granted by the manufacturer. RICHMOND COACH & CREMATION SERVICES makes no warranty, expressed or implied, with respect to the casket or outer burial container, or both.

**ACKNOWLEDGEMENT AND AGREEMENT:** I/We hereby acknowledge that I/we have the legal right to arrange the final services for the deceased, and I/we authorize RICHMOND COACH & CREMATION SERVICES to perform services, furnish goods, and incur outside charges specified on the Statement. I/We acknowledge that I/we have received, on this date, the General Price List. I/We also acknowledge execution and receipt of a copy of this statement.

**PAYMENT POLICY:** Any amount not paid as herein provided shall be deemed delinquent and by the execution hereof, it is agreed that any delinquency shall bear interest at the rate of eighteen per cent (18%) per annum until paid in full. In addition, the customer agrees to be liable for all attorney fees and costs incurred in the collection of this account. The funeral home does not offer a monthly payment plan. Visa and MasterCard accepted.

I/we, the undersigned, acknowledge that the foregoing statement has been read by me/us and I/we hereby acknowledge receipt of a Completed Copy. I/We assume responsibility for payment along with such additional services and/or items ordered by me/us, and agree to terms of the Payment Policy described above. The liability hereby assumed in addition to the liability imposed by law upon the estate and others and shall not constitute a release thereof.

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**PURCHASER**

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**ADDRESS**

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**CITY STATE ZIP**

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**PHONE**

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**SIGNATURE**

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**DATE TIME FUNERAL SERVICE LICENSEE**