

Name of Deceased: _____

Date of death to be inscribed- _____ \$140.00 initial here to verify inscription _____

Install Military Service Record: YES _____ 12" x 24" _____ or 8" x 5" _____ NO _____
If veteran, install military plaque on the back of monument add \$ 100 Standard placement is center left to right

Other Name(s) on Stone----- _____

General location in Cemetery _____



I / WE do hereby order of *LaGrange Monument Works*, of LaGrange, Indiana, on _____ 20 _____ to perform the following work: service work in the _____ Cemetery by work will be completed during the nearest schedule available after receipt of work order and payment: **SPRING - MID SUMMER -**

LATE FALL. ANY ORDER RECEIVED AFTER OCTOBER 1 MAY BE DELAYED UNTIL NEXT SCHEDULE INTERVAL

DUE TO WEATHER AND SCHEDULING unless unforeseen causes prevent, and then as soon thereafter as practical, and for

which I / WE hereby agree to pay the sum of \$ _____ plus tax \$ _____ -0 _____ = Total of \$ _____

It is also agreed and understood that if for any reason said *LaGrange Monument Works* goes to job site and finds the work already done, then said *LaGrange Monument Works* will be access a trip charge of \$ 80.00 for expenses incurred.

It is further agreed and understood that if *LaGrange Monument Works* places this contract in the hands of an attorney for collection in the event that I fail to pay according to the terms of this contract, then I further agree to pay all attorney's fees and costs. All contracts taken are subject to weather, strikes, and labor troubles.

ALL SERVICE WORK MUST BE PAID IN ADVANCE

DISCLOSURE STATEMENT, FEDERAL TRUST IN LENDING ACT; Interest at **1.5%** per month beginning 10 days after work is completed, or on a past due Deferred Payment. This is an annual Percentage Rate of **18%**.

I acknowledge receipt of a copy of this disclosure statement. This contract approved and accepted this _____ day of _____ 20 _____.

Name: _____

Signed: _____

Address: _____

Phone: (_____) - _____ - _____

By _____ LaGrange Monument Works _____

% of Tax _____ State of _____ Invoice # _____ Code # _____