

SUPPORT OUR SICK



HOPE
Help Our People Exceed

MEDTYME

Emergency Medical Support

6628 Sky Pointe Drive, Suite 100-115

Las Vegas, Nevada 89131

www.medtyme.org • medtymeinfo.com

Tel: 702-586-4MED (4633)


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CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION

Name or Company Name:		Name on Card:	
Card Holder Billing Address:			
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PAYMENT AUTHORIZATION

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> eCheck
Card Number:	Exp. Date:
<p><i>Card Number:</i></p> <p>_____</p> <p>Please reference the picture to the right for the location of the number on your card (CVV2) _____</p> <p>(Visa, MasterCard & Discover: 3 digit on back)</p>	

I wish to authorized the purchase of services/merchandise or make a donation to MedTyme Emergency Medical Relief Association using this credit card authorization form. I agree that I will pay for this purchase and indemnify and hold MedTyme harmless against any liability pursuant to this authorization. I understand that my signature on this form will serve as authorized signature on this credit card form. This authorization is valid for a one-time authorization.

Print Name: _____	Date: _____
Description: _____	Amount: \$ _____
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(Cardholder)	

Please print this form, fill in all required information above, and fax to MedTyme Relief Assoc. 702-586-4MED (4633) or mail to 6628 Sky Pointe Dr., Suite 100 Las Vegas, Nevada 89131.