

**America’s Essential Hospitals Credit Card Authorization Form**

**Return via SECURE Fax to: (202) 585-0101**

(To protect your credit card, do not email this form to America’s Essential Hospitals)

Date:

**America’s Essential Hospitals** is authorized to charge the following credit card

for

in the amount of

AMEX: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Exp: \_\_ \_\_ / \_\_ \_\_

\_\_ \_\_ \_\_ \_\_ **(Amex Security Code can be located on the front of the card)**

VISA: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Exp: \_\_ \_\_ / \_\_ \_\_

\_\_ \_\_ \_\_ **(Visa Security Code can be located on the back of the card)**

MC: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Exp: \_\_ \_\_ / \_\_ \_\_

\_\_ \_\_ \_\_ **(Mastercard Security Code can be located on the back of the card)**

Print Cardholder Name:

Cardholders Signature:

For America’s Essential Hospitals use only

ID #:

Authorization #:

Date:

Batch #: