MEMRA Credit Card Authorization Form

Instructions: To pay by credit card, please complete both sections below.

All Major Credit Cards & Bank Debit Cards Excepted

CREDIT CARD HOLDER INFORMATION **medtyme.org**

Please check credit card type:
(Please Do Not list the 3 digit code on this form; if required we shall contact you immediately by telephone.)

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express ☐ Bank Debit Card ☐ Debit Card

Credit card number: _____ Expiration date: _____/_____

(4543-66636-5558-9595) **mm/yy)**

Name exact name as it appears on the credit card: _____

Billing Address: _____City: _____ Zip Code: _____

Amount to be charged: _____ $: _____

Cardholder Signature: _____ Date: _____

Primary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Msg.

Secondary phone number: _____ ☐ Cell ☐ Home ☐ Work ☐ Msg.

LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID: _____State: _____

Licensee's Drivers License / ID number: _____Date Auth: _____

Birth date: _____ /_____ /_____ (mm/dd/yyyy) Gender (circle one): ☐ Female ☐ Male

Please complete and fax this credit/debit card payment form and supporting documents to: **(702) 948-7066**

MEDTYME / MEMRA (Emergency Relief Services)
ATTN: Business Office: **(702) 966-7366**
800 North Rainbow Blvd., Suite 140
Las Vegas, Nevada 89107

Order Date:	Item Number:	Item Description:		Item Qty.	Exp: Date:	Out: Date: