



Alaska Native Tribal Health Consortium
Office of Finance & Administration
4000 Ambassador Drive, C-FIN
Anchorage, Alaska 99508
Phone: (907) 729-2859 Fax: (907) 729-2890

ANTHC Credit Card Payment Form

I authorize ANTHC to charge my:

- Visa
- Mastercard
- Discover
- American Express

Card # _____ - _____ - _____ Expiration Date: _____ - _____

Security Code: _____

The amount of \$ _____ for Community Health Aide Manual Set
(product or service provided)

Cardholder Name: _____

Credit Card Billing Address: _____

Contact Phone: _____

Signature: _____

****Form must be filled out completely in order to be processed.**

Fax completed form to:

Attn: Crystal Coulter, Assistant Controller
Office of Finance & Administration
(907) 729-2890

Note: Payment to go in to the CHAP- CHAM Sales Account- Acct. # 754238

Or deliver to:

Alaska Native Tribal Health Consortium
Office of Finance & Administration, C-FIN
Attn: Crystal Coulter, Assistant Controller
4000 Ambassador Drive
Anchorage, Alaska 99508