



**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

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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 \_\_\_\_\_ eCHAM one year subscription(s) \_\_\_\_\_  
(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  
General Accounting  
(907) 729-2890

**Post to: 754238.1550**

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