



# East Allen Township Volunteer Ambulance Corps

4945 Nor-Bath Blvd. Northampton, PA 18067  
610-261-9196 FAX 610-261-1271  
www.eatvac.org

## Credit Card Authorization Form

I, \_\_\_\_\_ (Your Name), hereby authorize East Allen Township  
Volunteer Ambulance Corp. to charge my below listed credit card in the amount of  
\$ \_\_\_\_\_ (Amount of Retainer).

### Credit Card Information:

Visa ( )      MasterCard ( )      Discover ( )

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ CSV Code: \_\_\_\_\_

### Credit Card Billing Information:

Name that appears on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**As the credit card holder, I hereby authorize receipt of services by East Allen Township  
Volunteer Ambulance Corp.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**\*Please Advise Customer of the following; that a 4% processing fee will be added to all  
credit card charges.**