



Dr. Christie Foreman & Associates
307- 220 Bear St., PO Box 1138
Banff, Alberta T1L 1B1
P: 403-762-3979 F: 403-762-4959

VERIFICATION OF ANOTHER PERSON'S CREDIT CARD TO BE USED ON FILE

* I, _____(patient's name), do not have a credit card, but have permission to use a Family Member's, Spouse's, or Partner's Credit Card.

The Cardholder must fill out the information below, and place their signature in the space provided below.

I, _____(card holder's name), authorize Banff Dental Care to keep my signature on file to issue any credit/debit memos, as well as payments for outstanding balances after 30 days from _____(patient's name) last visit, to my Credit Card account.

I also agree that it is my responsibility to follow up on the account status after 30 days of the patient's last visit.

Your Relationship to Our Patient/Client: _____ Your Daytime Phone #: _____

Your Mailing Address: _____

Today's Date: _____ Cardholder Name: _____ Cardholder Signature: _____

Circle Card Choice: Visa/Mastercard Number: _____ Expiry Date: _____

CVV2 Number (three numbers on the back of your card, or four numbers on the front if Amex): _____