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

I, \_\_\_\_\_(card holder's name), authorize Banff Dental Care to charge my credit card for \_\_\_\_\_(patient's name) Dental appointment, as well as payments for outstanding balances on their account.

I understand that my credit card information will be associated with (& available for use) for:

- While patient is an active patient (For patient to be on-assignment)
- Just for today's appointment
- Only Appointments From: \_\_\_\_\_ To: \_\_\_\_\_
- Only for Specific Treatment Plan \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Relationship to Our Patient/Client: \_\_\_\_\_ Your Daytime Phone #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Circle Card Choice: **Visa / Mastercard** Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

CVV2 Number (three numbers on the back of your card): \_\_\_\_\_