|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Your approved credit line is:** | **$ 4,000** | | **The reference number for this application is:** | **24745896** | |
| **If you have an immediate need for a higher credit line, please contact your Provider. Your Provider can inquire whether you qualify for a credit line increase.** |
|  |
| **After 48 hours you may also contact our 24 hour automated response system to request an increase by dialing 1-866-893-7864 and following these simple steps:** |
| * **Remain on the line until prompted to enter account number.** * **Enter your Account Number and Zip Code.** * **Select Option 3, then select Option 2 and follow the instructions.** |
|  |
| **You will receive a CareCredit card in the mail within 7-10 days. If you wish to use your account before your card arrives, simply present this page with two valid forms of identification.** |
|  |
| **To find a participating provider in your area, you can use the Provider Locator tool on the CareCredit site. If you need further information regarding your account, please contact our Customer Support Center 1-866-893-7864.** |

|  |  |  |
| --- | --- | --- |
| Stop | **Please print this page and save for future reference.**   **Thank you for enrolling in Electronic Statements (eBill). You'll receive an email outlining how to complete your eBill registration.** |  |

**This page is required for the first use of your account. Please take this page along with two valid forms of identification to your provider.**

**FOR PROVIDER USE ONLY**

|  |  |
| --- | --- |
| **Validation Of Customer I.D. - Completion Of All Boxes Required** | Initials |

|  |  |  |
| --- | --- | --- |
| Merchant # | Account # | Amount of initial  transaction |

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Customer Type of ID / Number | Exp. Date | 2nd Type of ID / Credit Card Type and Issuer | Exp. Date |

|  |  |
| --- | --- |
| Store Phone # | Store Fax # |

|  |  |  |  |
| --- | --- | --- | --- |
| 2nd Customer Type of ID / Number | Exp. Date | 2nd Type of ID / Credit Card Type and Issuer | Exp. Date |

|  |
| --- |
| **Provider please do the following:** |
| * **Verify and record above the account holder identification the same as  you would for a face - to - face applicant.** * **Process the sale as you normally would with no card present.** * **Retain this page for your records for 36 months.**   **ID Validation is vital in protecting the Cardholder and your practice from fraud!** |