



**AMERICAN BOARD OF  
FOOT AND ANKLE SURGERY**®

A credential you can trust.®

## Verifications Pre-Payment Form

Credentialing Institution:		Account Number:
Contact Name:		Email:
Address:		
City:	State:	Zip:
Telephone:	Extension:	Fax:

**Pre-payments are offered in units of 15 verifications at \$35.00 each, for a total of \$525.00**

\*Please enter the number of units below. This form will calculate your total due.

Number of Units	Unit Rate	Total Amount Due
*	\$	\$

Credit Card Holder Name:	Signature:	Date:
Credit Card Billing Address:	Credit Card Type:	
Address:	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA/MC
City, St, Zip:	<input type="checkbox"/> DISC	
Contact Number:	Credit Card Number:	
	Expiration Date:	Security Code: (VISA/MC-3 digits back of card AMEX-4 digits on front of card)

### **OUR PAYMENT ADDRESS HAS CHANGED.**

**Check payments will no longer be accepted at the ABFAS office address (445 Fillmore St).  
Please mail completed form and check payable to ABFAS to our bank's lockbox address at:**

**ABFAS, PO Box 889405, Los Angeles, CA 90088-9405**

**FAX CREDIT CARD PAYMENT TO: (415) 553-7801**

**Questions? Please contact ABFAS at: (415) 553-7800**