



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

A credential you can trust.®

FOR ABFAS USE ONLY

Processed on: _____

Batch Number: _____

Block Verification Payment Form

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

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

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

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

FORM SUBMISSION:

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

MAIL CHECK PAYMENT TO ADDRESS BELOW.