


CareCreditSM Charge Authorization

CareCredit Cardholder please sign and fax this form back to the practice fax # listed below.

PRACTICE NAME:										DATE:									
PRACTICE FAX #:										TOTAL AMOUNT TO BE CHARGED:									
CLIENT/PATIENT NAME:																			
CARECREDIT CARDHOLDER NAME:																			
CARECREDIT ACCOUNT #:																			
CARDHOLDER SIGNATURE: (X)																			
<p>By signing above I authorize the provider to charge my CareCredit credit card for the amount listed without my card being present. Keep the original for your records.</p>																			



Cardholder Name _____

Promotion Selection Slip

*Office Instructions: Process transaction through terminal and affix one copy of this form to each of the printed terminal receipts. **If the terminal is not operational or sales receipt does not provide promotion period and APR complete the information at the bottom of this document.** Give cardholder their copies prior to requesting their signature and retain merchant copies for practice records.*

No Interest if Paid in Full Within Promotional Period (Terminal receipt may describe this promotion as "Deferred Interest/No Interest if Paid in Full")
 No interest charges will be assessed if the promotional purchase is paid in full within the promotion period as stated on the attached sales receipt or below. If the promotional purchase is not paid in full by the end of the promo period, interest will be imposed from the date of purchase at the Purchase APR shown below or on the attached sales receipt. This means to avoid paying interest on the promotional purchase, you must pay the entire amount of the promotional purchase before the end of the promo period. If your purchase qualifies for the 24 month promotional offer, fixed monthly payments of 4.1667% of the initial promotional purchase amount are required until promotion is paid in full. The fixed monthly payment will be rounded up to the next highest whole dollar and may be higher than the minimum payment that would be required if this was a non-promotional purchase. For all other promotional offers, minimum monthly payments are required. Making only the minimum payments required by your monthly statement may or may not pay off the promotional purchase within the promo period. If you would like to estimate a monthly payment amount that would pay off the full amount of the promotional purchase within the promo period, divide your promotional purchase amount by the number of months in the promo period or visit www.carecredit.com/payment_calculator. This estimated monthly payment amount assumes the promotional purchase is the only balance on your account during the entire promo period and you make each payment when due. Regular account terms apply to non-promotional purchases and, after promotion ends, to promotional purchase.

14.90% APR and Fixed Monthly Payments Required Until Paid in Full (Terminal receipt may describe this promotion as "Fixed Payment/Reduced APR")
 Interest will be assessed on your promotional purchase balance from the purchase date at a 14.90% Promotional APR until paid in full. Fixed monthly payments are required, and will be calculated as follows: on 24 month promo – the fixed monthly payment will be 4.8439% of initial promo purchase amount; on 36 month promo – 3.4616% of amount; on 48 month promo – 2.7780% of amount; and on 60 month promo – 2.3737% of amount. See attached sales receipt or below for the number of months used to calculate your fixed monthly payment. The fixed monthly payment will be rounded up to the next highest whole dollar and may be higher than the minimum payment that would be required if this was a non-promotional purchase. Regular account terms apply to non-promotional purchases.

Not all enrolled healthcare practices offer all special financing options, so please ask your practice to explain which ones are available for your purchase. Offers are subject to credit approval.

Your signature on the attached terminal receipt (or below) acknowledges that you have received goods and/or services from a CareCredit Provider. You hereby agree to perform the obligations set forth in your Cardholder Agreement with Synchrony Bank.

Date: _____ Signature: _____

If Terminal is Not Operational or Sales Receipt does not provide promotion period and APR, please complete the appropriate fields below, have the customer sign this document and then attach it to any other customer sales documents.

To obtain the information below, call Provider Services at (800) 859-9975, select the Authorization option and choose AUTHORIZATION or SALE as applicable. You will need the cardholder account number, transaction amount and promotional transaction code to complete your request. Provider Services will provide the following information for the cardholder.

Check Promotion Type and complete the promotion duration/APR information.

No Interest if Paid in Full within Promotional Period | 14.90% APR and Fixed Monthly Payments Required Until Paid in Full
 Promotion period (promo period) of _____ months | 24 Month 36 Month 48 Month 60 Month

Purchase APR: _____% Check if variable*

* If this rate is variable, the rate varies with the market based on Prime Rate.

For questions regarding your CareCredit account, please call (866) 893-7864.