



# PRIVATE HEALTH SERVICES PLAN ENROLMENT

For Incorporated or Limited Companies

Date:

Advisor/Broker Name:

Company Legal Name:

Company Short Name:

### Mailing Address:

Street Address:

City:  Province:  Postal code:

Daytime Phone:  Fax:  Email:

Contact Person:

# of Employees:

### Method of Payment

Credit Card      Credit Card #:

Expiry Date:

Name on Card:

I authorize CustomCare Inc. to debit my credit card for the amount of

Authorized Signature: \_\_\_\_\_

### CustomCare Inc.

3600 - 4th Street SE, Calgary, Alberta T2G 2W3  
Ph. 403-640-6620 or 1-866-820-2188 Fax. 403-252-3020  
admin@customcare.ca  
www.customcare.ca