



Office use:

Enrollment and Terms Agreement
(Please Print)

Clinic name: _____

Legal business name (If Different): _____

Shipping Address Street: _____ City: _____ State: _____ Zip: _____	Billing Address (<input type="checkbox"/> Check if same as shipping) Street: _____ City: _____ State: _____ Zip: _____
Telephone/Fax Numbers Phone: _____ Fax: _____ Phone (Backline): _____ Other (Specify): _____	How did you hear about us? <input type="checkbox"/> Colleague <input type="checkbox"/> Online / Website <input type="checkbox"/> Conference <input type="checkbox"/> Other: _____ Clinic e-mail: _____

Manager/Acct Contact name: _____

Doctor Name(s): _____

Owner/Principal's Name: _____ Social Sec #: * _____ - _____ - _____

Home Address: _____

City: _____ State: _____ Zip code: _____ Home Phone: _____

Billing Options (choose one):

I prefer to be billed monthly * (Social Security Number Required for Credit Purposes)

I prefer to have my credit card automatically debited monthly

(Please fill out below. Please include 3-digit verification code located on the back of the card for security purposes).

Visa MC Disc Card Number: _____ Exp. Date: _____

Name On Account: _____ Zip Code of **Billing Address** of Card: _____

Cardholder Signature: _____

Do you own an ECG Transmitter? Yes (Clips: 2 or 4) No (I am interested in purchasing one)

Terms are payable upon receipt. Finance charges of 1.5% per month (18% Annual) will be assessed on any balance unpaid after 30 days. Past due accounts are subject to credit restrictions and credit holds.

Payment may be made by business check, Visa, MasterCard and Discover. There is a returned check fee of \$25.00.

By signing this agreement, I personally consent to pay any outstanding debt, including collection and/or any reasonable legal fees. I have provided the correct information above and I agree to the terms and conditions contained herein.

Owner/Principal Signature: _____ Date: _____

Please mail or fax this form to:

Institute of Veterinary Specialists
3603 NW 98th Street, Suite A Gainesville, FL 32606
Phone: 1-888-844-1019 Fax: 1-888-844-7686