

Less stress for you and your pet



## Payment Contract

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I recognize that I have an outstanding balance for services rendered by and/or products purchased from Mobile Pet Vet. I agree to adhere to the following payment schedule until said balance is paid in full.

Total Amount outstanding including billing and interest fees: \_\_\_\_\_ as of \_\_\_\_\_ (date).

Payment #1: Date \_\_\_\_\_ Method of payment \_\_\_\_\_ Amount of Payment \$ \_\_\_\_\_  
Credit Card number \_\_\_\_\_ exp. \_\_\_\_\_

Payment #2: Date \_\_\_\_\_ Method of Payment \_\_\_\_\_ Amount of Payment \$ \_\_\_\_\_  
Credit Card number \_\_\_\_\_ exp. \_\_\_\_\_

I agree to have the entire outstanding balance paid in full by \_\_\_\_\_.

I understand that billing and interest fees will be applied to all outstanding balances 30 days after services have been rendered, and continue to accrue every 30 days the balance is past due. These fees may still be applicable as a term of this payment agreement.

If payment made by automatic credit card transaction, I agree pay the amount specified, on the date specified according to the card issuer agreement

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.L. # \_\_\_\_\_

Credit Card # , if above agreement includes check payments. Card will be charged in the event that the payment agreement is not carried out.

\_\_\_\_\_ exp. \_\_\_\_\_