



SHIPPENSBURG ANIMAL HOSPITAL, P.C.

Date: _____

Location: Mount Rock Shippensburg Allen Road (Carlisle)

CREDIT APPLICATION

**** All Information Must Be Completed ****

Name: _____

SS#: _____

Address: _____

Home Phone: _____

Work Phone: _____

Employer: _____

PAYMENT IS DUE AT THE TIME OF SERVICE

I have requested for credit at the Shippensburg Animal Hospital, P.C. By signing this contract, I agree to pay the agreed upon payments and finance charges set by these facilities.

I understand that this **WILL NOT include additional services and that payment for those services is due at that time.**

If I fail to make the agreed payments, I understand that there will be a delinquent fee added to my account and that further collection actions may be taken.

FINANCE CHARGES: Finance charges for the Shippensburg Animal Hospital, P.C. is **1 1/2% per month** of the balance owed with a **minimum of \$1.00/month charge.**

BILLING FEES: A billing fee of **\$12.00/month** is applied to all accounts with balances over 60 days.

DELINQUENT CHARGES: Delinquent charges for Shippensburg Animal Hospital, P.C. is **\$15.00 per month** for any missed payment when a billing contract is in force.

I have read and understand the above contract.

Signature

Date

Hospital Administrator/Doctor

Credit Status: a client
(A, B, C)

File # _____

In House _____

Care Credit _____
A=approved/D=denied