



Office use:

Enrollment and Terms Agreement
(Please Print)

Clinic name: _____

Legal business name (If Different): _____

<p>Shipping Address Street: _____ City: _____ State: _____ Zip: _____</p>	<p>How would you like your reports/statements delivered:</p> <p>Preop/Screening: Verbal results with: e-mailed report faxed report no written report both e-mailed and faxed</p> <p>Full Reports (Phone/STAT/CodeRed): Verbal results with: e-mailed report faxed report both e-mailed and faxed</p> <p>Statements: e-mailed sent via USPS</p> <p>Clinic e-mail:</p>
<p>Billing Address (<input type="checkbox"/> Check if same as shipping) Street: _____ City: _____ State: _____ Zip: _____</p>	
<p>Telephone/Fax Numbers Phone: _____ Fax: _____ Other (Specify): _____</p>	

Manager/Acct Contact name: _____

Doctor Name(s): _____

Owner/Principal's Name: _____ Social Sec #: *Please call or fax information

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 call or fax credit card information)

Billing Address of Credit 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
5609 SW 64th St
Gainesville, FL 32608
Phone: 1-888-844-1019 Fax: 1-888-844-1413