



Starts: \_\_\_\_\_

Ends: \_\_\_\_\_

1001 West 15<sup>th</sup> Street Edmond, OK 73013 405.348.6580 [www.pmcofedmond.com](http://www.pmcofedmond.com)

## Finance Agreement

Client Account #: \_\_\_\_\_

This agreement is made between Pet Medical Center of Edmond (the company)

And \_\_\_\_\_ (the Client) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My total bill to be financed is \$ \_\_\_\_\_. I agree to pay \$ \_\_\_\_\_ on the \_\_\_\_\_ day of every month until my account is paid in full. I understand that I have \_\_\_\_\_ months with no monthly interest to pay for my finance agreement in full. If I fail to pay my finance agreement in full by the end of the time frame listed above, I will be charged a monthly interest fee of 3% on the remaining balance.

If a payment is not made on my account monthly (credit card is declined) as lined out in this finance agreement then the balance on my account is due in full. I understand that if I fail to make my payments as set forth in this finance agreement that I will be sent to a collections agency for further collection.

I agree to notify Pet Medical Center of Edmond of any changes that may need to be made to this finance agreement at least 10 days prior to the date that my payment is due, including updated credit card numbers and expiration dates.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Client Care Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*I understand that the package I have purchased today will **expire 1 year** from the date of purchase and unused services **WILL NOT** be credited back to my account, unless my pet should pass away before the services are performed.**

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

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

Cell Phone #: \_\_\_\_\_

Work Phone # \_\_\_\_\_

E-mail: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Zip \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Please make a copy of the clients drivers license\*\*\*