**Taylor Made Equine Services**

P.O. Box 4

Berryville, VA 22611

540.550.9241

**ACCOUNT APPLICATION**

**THIS INFORMATION IS CONFIDENTIAL**

***In order for us to serve you in the best possible fashion, the following information is necessary to update our files. It is also necessary that this agreement be signed by the proper parties.***

* **Your agreement to pay for veterinarian services is implied upon treatment.**
* **Payment can be made by cash, check, Visa, or MasterCard.**
* **The balance of the account, if any, is due and payable within 15 days of the statement date unless other payment arrangements have been made with the business office.**
* **I/We agree to the payment terms. Any balance due not received within fifteen (15) days of the statement date shall be subject to a late charge of one and one half percent (1 ½ %) per month, (this is an annual rate of 18%). We also agree to pay all attorneys’ fee, court costs, collection costs and all other expenses which may be incurred in collection costs and all the expenses which may be incurred in collecting past due balances or uncollected checks. We understand that a service charge of $30 will apply in addition to the above for any uncollected or returned checks.**
* **Any disputed amount must be reported to us in writing within seven (7) days of the original invoice date or we hereby forever waive any such claim.**
* **I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the owner), in conjunction with the agreement between myself and \_\_\_\_\_\_\_O’Sullivan Farm\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the Farm), for the boarding of my horse(s)/pony(s) understand that it may, from time to time be necessary that veterinary examination, treatment of consultation be provided. In the absence of specific written instruction to the contrary, I hereby authorize the farm to act as my agent in the arrangement for such services with a licensed veterinarian.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

**Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Farm Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**