

Park Veterinary Centre

256 CASSIOBURY DRIVE, WATFORD, WD17 3PA

TELEPHONE 01923 226554 FAX 01923 218023

EQUINE MONTHLY ACCOUNT – APPLICATION FORM

Client Surname.....Mr/Mrs/Miss/Ms

First Names.....DOB.....

Address.....Postcode.....

Phone Number.....Mobile Number.....

Email.....

If less than 3 years, previous address.....

Occupation.....Work Phone Number.....

Employer.....

PLEASE NOTE THAT IF YOU ARE SELF EMPLOYED WE REQUIRE TWO TRADE REFERENCES SUPPLIED TO US BY YOURSELF.
IF YOU ARE NOT IN EMPLOYMENT WE REQUIRE A BANK REFERENCE, SUPPLIED TO US BY YOURSELF, BUT THIS DOES NOT
GUARANTEE AN ACCOUNT.

If employed for less than 3 years, name and address of previous employer.....

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Bank Name and Sort Code.....Account Number.....

Horses Name.....Registered Name.....

Date of Birth or Age.....Breed.....

Sex.....Colour.....Height.....

Where Kept.....

Last Vacc Date.....Is horse Insured?.....Which Company.....

A credit account does not preclude your paying cash and for your convenience the facilities of all major credit/debit cards are also offered.

We cannot allow credit unless there is a properly authorised account, and we must point out that the completion of this form does not automatically open a credit account in your name. Until a letter of confirmation has been received from us, no credit can be allowed.

The first time we visit your horse we require payment at the time for that visit, subsequent visits default to the standard account terms below.

Our terms are Nett payment within 28 days. We regret that all accounts including insurance claims must be paid within the period and we reserve the right to add a 2% per month credit charge to accounts outstanding for 60 days or more. If you default on the 28 day terms stated, we shall remove this account facility and will require 'payment at the time' for any required visits.

PLEASE NOTE THAT WE DO NOT RUN SMALL ANIMAL ACCOUNTS, ALL SMALL ANIMAL TREATMENT MUST BE PAID FOR AT THE TIME.

By signing this form

1. You agree that the information we hold about you can be held on computer and/or paper files.
2. You agree that any information we hold about you will be disclosed to third parties (e.g. credit reference agencies) for the purpose of processing your application and the administration of your account.

I wish to apply for a monthly account and agree to abide by your terms listed.

Signed.....Date.....