

RAINLAND FARM EQUINE CLINIC
P.O. Box 1957
Woodinville, WA 98072
Phone: (425) 483-2255 Fax (425) 487-3706

NEW CLIENT INFORMATION/CREDIT APPLICATION

Name: _____ Horse Location: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Employer Name: _____

Address: _____ Work Phone: _____

CREDIT REFERENCES:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

BANK REFERENCES:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____

VISA/MASTERCARD: _____ Expiration Date: _____

APPROVALS

NOTICE: The following credit agreement is provided for your information. Please read the agreement before signing the application.

CREDIT AGREEMENT:

If this thirty-day account is opened, I agree:

1. To pay each invoice within thirty (30) days.
2. To pay an 18% annual service charge on any invoices thirty-one days and older.
3. To pay attorney's fees in the event that collection efforts become necessary.
4. To authorize release of credit and banking information necessary for approval of this request.

Signature of Applicant:

_____ Date: _____

Printed name: _____

Approved by:

_____ Date: _____

Printed name and title: _____