

Sebring Animal Hospital

Wm. Lawrence Jernigan, DVM

3425 U.S. Hwy. 27 South - Sebring, FL 33870-5444

CREDIT APPLICATION Please PRINT CLEARLY & ANSWER ALL QUESTIONS Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Phone: _____ Cell: _____

Place of Employment _____ Work Phone _____ Title _____

Address of Employment: _____ How Long: _____

Social Security Number _____ Marital Status: Married Single

Place of Residence: Own Rent

Emergency Contact: _____ Phone: _____ Cell: _____

Spouse's Last Name: _____ First Name: _____ Middle Initial: _____

Spouse's Employer (Name, Address & Phone) _____

Do You Have a current charge account with any other veterinarian? Yes No

If yes, who? _____ Is there a current balance? _____ Amount Due? _____

CREDIT REFERENCES—BANKS—FINANCE CO.—FURNITURE STORES—DEPT. STORES—ETC.
Name & Address

The remaining balance of your account with us may be placed on charge **(IF YOU ARE APPROVED)**.
Dr. Jernigan expects full payment of balance to be paid within **90 days** of the charge.

I have read the above statement of policy and agree to all terms.

Signed: _____ Date: _____