

RalstonVet® Dental Payment Plan Agreement

6880 South 78th Street • Ralston, NE • 402-331-6322

First Name	Last Name	MI	Account Number
Address	City	State	Zip
Primary Phone Number	Secondary or work Number (required)		Date of Birth
E-mail	Emergency Contact (required)		

FOR OFFICE USE ONLY:

1. Invoice Amount	\$ _____	
2. Less amount Paid Today	\$ _____	*30% of invoice or \$150 whichever is greater
3. Total Amount of Payment Plan	\$ _____	
4. Payment Amounts	\$ _____	*Installments will be $\geq 50\%$ of Payment Plan Total + fees
5. 1 st Payment date (max 30 days)	_____	
6. 2 nd Payment date (max 60 days)	_____	

Default and Late Payments: Should you default on any payment obligations as called for in this agreement, RalstonVet will have the right to declare the entire remaining balance due and payable and you agree to pay allowable interest, and all costs of collection, including but not limited to collection agency fees, court costs, and attorney fees. A default occurs when any payment due under this agreement is more than ten (10) days late. Should any monthly payment become more than ten (10) days past due, you will be charged a \$5.00 late fee. An additional service fee of \$30.00 will be assessed for any check, draft, debit, EFT, or credit card or order returned for insufficient funds or any other reason. If the Customer is paying monthly by credit or debit card, RalstonVet billing department reserves the right to draft all amounts owed by the Customer including any and all late fees and service fees.

Changes to This Agreement: Any changes to this agreement must be approved by the Customer and RalstonVet; and submitted to RalstonVet in writing.

X _____ X _____
Ralston Vet Representative Customer – Responsible Party/Parent or Guardian

Authorization and Agreement: We/I hereby request the privilege of paying to RalstonVet under the RalstonVet Payment Plan and hereby request RalstonVet to draw items, (checks, electronic funds transfer, debit, or credit card), for the purpose of paying said payments, including any late fees or service fees. I authorize RalstonVet to debit the fees/payments listed above from the primary account listed below. I understand and agree that in the event of insufficient funds in the primary account, RalstonVet will debit fees from secondary account listed below and/or any financial baking account or bank card I should have in the future. I understand I must present both cards at the time of agreement.

Required:

Name on 1st Acct _____
1st Credit/Debit Acct # _____
Exp. Date _____ CVV _____
Bank Name: _____

Required:

Name on 2nd Acct _____
2nd Credit/Debit Acct # _____
Exp. Date _____ CVV _____
Bank Name: _____

Subject to the following conditions:

1. The items shall be drawn on or about the date or dates of this Promissory Notes. The transactions on your bank statement will constitute receipts for payment.
2. The privilege of making payments under this Plan may be revoked by RalstonVet if any item is not paid upon presentation.
3. This Plan, if not cancelled, does not release you from you obligation (Promissory Notes/Contract/Consumer Payment Plan Agreement).
4. This plan will incur a \$2.00 monthly service fee and 1.8% monthly interest rate.
5. A service fee will be assessed for any check, draft, credit card, or order returned for insufficient funds or any other reason.

Print Name _____ Customer Signature _____ Date _____

For Office: Please attach: 1) Drivers License/State ID
2) An imprinted copy of both cards including expiration and the security code