

Horse Information:

Please add your horse's name(s) below:

Horse Name: _____ Nickname: _____ DOB: _____ Sex: _____ Color: _____ Breed: _____

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Payment Agreement Terms:

*I understand by adding my credit card information to this form, I will be enrolled in the B.W. Furlong and Associates/Peak Performance Equine Services monthly credit card program. I understand that I will receive my monthly statement at the end of each month and **the credit card I have provided below will be automatically charged on the 15th of the new month in the amount of the balance shown on my statement.***

I assume responsibility for all charges incurred in the care of my animal(s). Should there be an issue with the card provided, I understand that all and any past due balances will be assessed a monthly service fee of 2%. I authorize the below credit card to be charged for the full balance. Legal and collection fees are the responsibility of billed party, regardless of payment arrangements.

Visa/MC/Amex/Discover/Care Credit**: _____ Exp: ____/____ CVV: _____
****Care Credit not accepted for Furlong's Soundness Center**

Billing Address (if different from above): _____
Street/PO Box City State Zip Code

Cardholder Name: _____ Authorized Credit Card Signature: _____

Please note: If applicant is under the age of 18 years, a signature from their parent/guardian is required.

OFFICE USE ONLY:

BWF/FSC/PPES/MULTI Acct# _____ Date Received _____ MON/OTU/KOF TC _____ PT _____