



B.W. Furlong & Associates
Oldwick, NJ | Wellington, FL
Peak Performance Equine Services
Middleburg, VA | Ocala, FL

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New Client and/or Billing Authorization Form

Owner(s) Name:

Last

First

M.I.

Mailing Address:

Street/PO Box

City

State

Zip Code

Phone: Cell (____)____-____ Home (____)____-____ Work (____)____-____ Tax ID (if applicable): _____

Date of Birth: _____ Driver's License #: _____

Email(s): _____

Please send my statements by: Mail Only Email Only Mail and Email

Barn Information (if different from above):

Barn Name

Street

City

State

Zip Code

I give authorization for _____ to request veterinary examination, treatment, and/or medication on my behalf and I promise to pay for all charges that may occur under this authorized person.

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 _____