



# VIRGINIA EQUINE PLLC

Douglas K. Daniels, DVM Virginia M. DeChant, DVM Heather D. Caplan, DVM

## Repayment Agreement

I, \_\_\_\_\_ (client name) agree to pay Virginia Equine PLLC for services rendered on \_\_\_\_\_ (date) on my behalf totaling \$ \_\_\_\_\_. I intend to pay this amount in full plus accrued finance charges as follows:

DATE	AMOUNT	METHOD

I hereby authorize Virginia Equine PLLC to charge the payments as agreed above to my credit card: Visa Mastercard American Express Discover (circle one)  
# \_\_\_\_\_ Exp \_\_\_\_\_

In addition, I also agree to pay any collection costs including but not limited to court costs and attorney fees associated with collection of this debt. I understand that Virginia Equine PLLC may begin collection actions if I fail to meet any of the obligations of this agreement.

A monthly finance charge of 2% (24% APR) will be calculated on any unpaid balance on the last day of the monthly billing cycle of Virginia Equine PLLC.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Virginia Equine PLLC Representative

\_\_\_\_\_  
Date