

New Ulm



**Regional
Veterinary**

Center

New Ulm Large Animal
401 20th Street South
New Ulm, MN 56073
Phone: 507-233-2520
Fax: 507-354-1229

Thank you for choosing New Ulm Regional Veterinary Center to help you care for your animals! As part of the process of becoming a client at NURVC, we require a couple forms to be filled out for our records.

Client Account Application: This form is needed to be able to carry a balance on your account. Without this form payment is needed at the time of service. This form is for our use only and will not be used to run credit checks. It is stored securely in a safe.

The boxes in red require some secure information such as a driver's license number and social security number. We do not want you to put this information on the form until we come out to the farm. Please have this information available when we come out for your first farm visit.

When you fill out this form, please download it onto your desktop and email it back to newulmvets@nurvc.com.

Sales Tax Exemption Form: This form will be brought out on your first farm visit. This form allows us to NOT charge sales tax on products and medications purchased from the clinic or on products used for services. This form also requires some secure information such as a driver's license number or social security number.

New Ulm Regional Veterinary Center
CREDIT APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

E-mail address:

Own Rent (Please circle)

Credit Reference (credit card name and account number or business currently extending you credit):

APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Previous employer:

Address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT **(IF NOT JOINT ACCOUNT, GO TO PAGE 2)**

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Previous address:

City:

State:

ZIP Code:

Owned Rented (Please circle)

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Previous employer:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

New Ulm Regional Veterinary Center
CREDIT APPLICATION

APPLICANT INFORMATION

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

CREDIT TERMS

Net due by 25th of following month

Monthly finance fee on overdue balances (18% annual rate)

All accounts past due over 120 days will be turned over to a collection agency unless other arrangements are agreed to in writing PRIOR to 120 day billing.

No actions by New Ulm Regional Veterinary Center, or its failure to take action, shall be considered a waiver of any of the business' legal rights concerning the enforcement of this agreement against the applicant(s).

PAYMENT SCHEDULE

Account balance:

1st scheduled payment:

Amount:

2nd scheduled payment:

Amount:

3rd scheduled payment plus accumulated finance charges:

Amount:

I authorize New Ulm Regional Veterinary Center to verify the information provided on this form as to my credit and employment history.

Signature of applicant

Date

Signature of co-applicant, if for joint account

Date