

Illinois Equine Field Service CLIENT INFORMATION SHEET

Thank you for using Illinois Equine Field Service. To ensure our computer records are up-to-date and accurate, we ask that you please complete and return this information sheet to our office at your earliest convenience. **Until this form is returned, payment must be made at, or prior to, the time service is performed.** Once the completed form is returned, we will bill you at the end of each month. Payment must be made by the end of the following month. If we have not received payment in full by that time, a finance charge will be added to your bill. Person responsible for account must be 18 years or older.

NAME _____ SPOUSE _____

NAME OF GUARDIAN (If Owner under 18) _____

HOME PHONE: (_____) _____ CELL PHONE: (_____) _____

EMAIL ADDRESS: _____

ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

EMPLOYER: _____ PHONE: (_____) _____

EMPLOYER ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DRIVER LICENSE NUMBER: _____ STATE ISSUED: _____

PLEASE NOTE: If a driver's license number is not on file, payment for services will be required at time of appointment.

NEAREST RELATIVE (Not living with you) _____ PHONE: (_____) _____

Please fill out the following portion if you wish your credit card to be charged automatically at the end of the month. Any time a charge is applied to your card, we will send you an invoice and receipt for your records.

CREDIT CARD # _____ Circle: Visa MasterCard Discover

PRINT CARD OWNER'S NAME _____ EXP. DATE _____

CARD OWNER'S SIGNATURE _____ DATE _____

By signing this document you are forming a contract with Illinois Equine Field Service. This contract creates certain rights and obligations. You represent that you are presently able to comply with the payment terms, and that if you should become unable to make timely payment of outstanding invoices, you will contact Illinois Equine Field Service.

OWNER'S SIGNATURE _____ DATE _____

GUARDIAN'S SIGNATURE (If Owner is under 18 years old) _____