, 20 (*Date)*

For value received and professional services rendered, I agree to pay to the order of Tammany Veterinary Hospital, PC the sum of ($ \_\_\_\_ ). I will pay the entire sum on or before the \_\_\_\_\_\_\_\_\_ day of , 20\_\_\_\_;

 OR

I will pay the sum of ($ \_\_\_\_\_ ) each month, commencing on the day of , 20\_\_\_\_\_ and thereafter on the same day of each month.

Interest will accrue on all balances past 60 days at the rate of 10% per annum. Partial payments will be first applied to accrued interest, then costs, and any remaining to principal.

I do further agree that should **any** payment or the full amount of the sum stated above become overdue more than five (5) days from the above agreed time of payment or payments, the entire balance shall be considered in default and become due and payable with billing charges from the date of default applied to the previous balance without deducting current payments and with the addition of any or all collection agency and/or attorney fees necessary to collect the full amount due to Tammany Veterinary Hospital, PC. I hereby waive presentment for payment, protest, notice of protest and non-payment of this agreement.

\* It is further understood that while under this Agreement with Tammany Veterinary Hospital, PC, any future services will be paid in full at the time the service is rendered and cannot be added to the amount of this Agreement. \*

I certify that I have read the foregoing PAYMENT INSTALLMENT AGREEMENT and understand the terms and conditions thereof before signing below.

I personally guarantee payment of any and all amounts due on this Company Account. This includes the principal amount, interest, and, if necessary, all costs of account collection.

Client Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signer: Employment:

Address: Address:

(City) (State) (Zip) (City) (State) (Zip)

Phone: Phone:

SSN:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A copy of this PAYMENT INSTALLMENT AGREEMENT will be given to the signer upon request.