



HARRISON EQUINE PLLC  
P.O. BOX 996 BERRYVILLE, VA 22611 (540) 955-3001

**ACCOUNT APPLICATION**

In order for us to serve you in the best possible fashion, the following information is necessary to update our files. It is also necessary that this agreement be signed by the proper parties.

**THIS INFORMATION IS CONFIDENTIAL**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # or Drivers License # \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

Joint Applicant's Name: \_\_\_\_\_

Social Security # or Drivers License \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

If horse is boarded at a different location than the address listed above please fill out the following:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Other Number: \_\_\_\_\_

I/We certify that the foregoing information has been supplied truthfully, accurately and voluntarily and therefore authorize the named creditors. I/We also authorize banks and other financial institutions to give information to the named creditor in connection with this transaction about my/our savings and checking accounts and loans. I/We agree to make payment promptly in accordance with the creditors usual terms (account due in full within 30days). I/We have read and agree to all terms set forth on this application. The undersigned hereby irrevocably agree that venue of any controversy ensuing between or among the parties hereto shall be in Clarke County, VA only, and in no other city or county.

I/We agree to the payment terms. Any balance due not received within thirty (30) days of the invoice date shall be subject to a late charge of one and one half percent (1 ½%) per month, (this is an annual rate of 18%). We also agree to pay all attorneys' fee, court costs, collection costs and all other expenses which may be incurred in collection costs and all other expenses which may be incurred in collecting past due balances or uncollected checks. We understand that a service charge of \$50.00 will apply in addition to the above for any uncollected or returned checks.

Any disputed amount must be reported to us in writing within seven (7) days of the original invoice date or we hereby forever waive any such claim.

Signature\_\_\_\_\_Signature\_\_\_\_\_

(Applicant)

(Joint Applicant)