

# Fisherville Pharmacy A/R Account Application

219 Fisherville Road • Penacook, Nh 03303  
 Phone: (603) 565-0210 • Fax: (603) 565-0214

## CUSTOMER INFORMATION

Customer Name:		Birthdate:	
Address:	City:	Zip Code:	Phone:

## RESPONSIBLE PARTY FOR PAYMENT

(Please fill out if this section is applicable)

Name of Party Responsible for Payment:			Relationship to Patient:
Address:	City:	Zip Code:	Phone:

## CHARGE ACCOUNT CONTRACT

\*Please initial each line acknowledging understanding

- Statements are mailed after the 20<sup>th</sup> of the month and payment in full is due by the 19<sup>th</sup> of the following month \_\_\_\_\_
- The account will be placed on hold if a payment is not received by due date (provided on each statement) \_\_\_\_\_
- After 60 days if a payment is not received the account's past due balance will be automatically charged to the credit card on file \_\_\_\_\_
- If the account holder decides to authorize family members or friends to charge to their account, the account holder is still the party responsible for payment \_\_\_\_\_
- If for any reason no payments have been made towards the account after 120 days, the account will be placed with a bonded collection agency for collection, applicable fees may apply \_\_\_\_\_

Credit Limit (for pharmacy to fill in):	Signature of Account Request Approval (for pharmacy to fill in):
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## BILLING INFORMATION

Credit Card will be charged if Fisherville Pharmacy fails to receive a payment from the customer and their account status is at 60 days past due.

<u>CREDIT CARD NUMBER</u>	<u>NAME ON CARD</u>	<u>EXP</u>	<u>SECURITY CODE</u>

### Please Select a Payment Option from the List Below:

- Mail Account Statement
- Email Account Statement to: \_\_\_\_\_
- Atomically Bill Account Balance to Credit Card on File on the 20<sup>th</sup> of Each Month
- Atomically Bill Account Balance to Credit Card on File on the 3<sup>rd</sup> of Each Month

\*Please note any other payment options than listed above will need to be approved by pharmacy first

### Authorized Account Users:


The above information is true to the best of my knowledge. I understand that I am financially responsible for any balance charged to my account.

<i>Signature of Applicant or Responsible Party</i>		<i>Date</i>