

Billing Information^{v6}

PAYMENT TERMS

A monthly statement is mailed to your office. Full payment is required within 30 days. A service charge will be computed at a monthly periodic rate of 2.0% or 24% per annum on all past due balances. Cost of collections, lawyer fees, and other applicable fees will be paid by the customer.

In order for your account to be set up, please fill out the required information and fax to 604-438-7455 or send it with your first case.

Clinic Name:

Doctor Last Name:

Doctor First Name:

Address:

City:

Province:

Postal Code:

Phone Number:

Fax Number:

E-mail:

Date:

Doctor Signature: _____