

CREDIT APPLICATION

Please note the following information is solely as a basis for extending credit and will be held confidential

Stafford HealthCare Clinics AAHCS, INC.

d.b.a.: Walk In Clinic; SEDA; Stafford Occupational Health

3251 Ambassador Caffery Parkway

Lafayette, LA 70506

Voice (337) 984 - 1346 Fax (337) 983 - 0636

C O M P A N Y I N F O	NAME OF COMPANY			
	PHYSICAL ADDRESS			
	CITY	STATE	ZIP	PHONE
	COMPANY CONTACT		TITLE	FAX
	MAILING ADDRESS			
	CITY	STATE	ZIP	PHONE
B I L L I N G	BILLING NAME			
	BILLING ADDRESS			
	CITY	STATE	ZIP	PHONE
	ACCOUNTING CONTACT		TITLE	FAX
R E F E R E N C E S	BUSINESS REFERENCE		ADDRESS	
	CITY	STATE	ZIP	PHONE
	BUSINESS CONTACT		ACCOUNT NUMBER	
	BUSINESS REFERENCE		ADDRESS	
	CITY	STATE	ZIP	PHONE
	BUSINESS CONTACT		ACCOUNT NUMBER	
	BANKING REFERENCE		ADDRESS	
	CITY	STATE	ZIP	PHONE
	BANKING CONTACT		ACCOUNT NUMBER	

TERMS AND CONDITIONS OF CREDIT

Credit terms are for your convenience and are available **ONLY IN ACCORDANCE** with the following conditions. All credit account terms are due and payable within thirty days. Any account balance over sixty days is considered past due. Any account balance over ninety days will void these credit terms and account will be placed on a cash only basis. All cash only accounts are due at time of service. Account credit balances are not to exceed \$1000.00 total balance. All credit terms subject to approval by AAHCS, Inc. **THIS AGREEMENT CONSTITUTES A CONTRACT, BY AND BETWEEN, PROVIDER AND PATRON WHEREAS: PATRON AGREES TO PAY PROVIDER WITHIN THE TERMS AND CONDITIONS STATED HEREIN. As a further condition of our CREDIT TERMS, failure to pay balance due within terms and conditions stated herein, PATRON agrees to pay any and all fees and any and all additional cost, resulting in placing the account with a collection agency or attorney for collection.**

I have read and fully understand the meanings of the foregoing statement and by the authority vested in me, agree to the terms set forth. (Must be completed and signed.)

AUTHORIZED ENDORSEMENT

Signature

Title

Date

Form 110399 ©