

**DOCTOR MUST COMPLETE TO SET UP 'MODA' ACCOUNT**

Dear Doctor

As a new client of "MODA", please complete this application.

Doctor Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

License # \_\_\_\_\_ Specialty \_\_\_\_\_

Referred by \_\_\_\_\_

Preferred method of contact: office phone, cell phone, email? \_\_\_\_\_

Staff members you would like us to speak with regarding due dates \_\_\_\_\_ payment \_\_\_\_\_

Would you like your statements mailed \_\_\_\_\_ or email address \_\_\_\_\_

Any special instructions or preferences you have on your cases:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

select We offer 3 methods of payment which must be set up in advance. COD, Credit Card Autopay, Payment by Check secured by Credit Card

1. COD - the case will be shipped to you and COD charge will apply

2. Credit card autopay - you will receive an invoice with each case delivery.

You will receive a statement at month end. Credit card that is on file will be run on the 10th of the following month.

Name on card \_\_\_\_\_ Billing zipcode \_\_\_\_\_

Credit card # \_\_\_\_\_

Expiration \_\_\_\_\_ CVV Code \_\_\_\_\_

3. Payment by check secured by credit card: please complete credit card information above.

Your check must be received by the 10th of the following month or your credit card will be processed.

Checks received after the 10th will be returned to you.

You could pay by invoice, weekly, monthly - but account must be paid in good standing before the 10th of the following month.

Sign the application:

By signing below you agree to be personally responsible for payment of all services requested.

All new accounts are subject to COD until this form is returned.

Print Name

Signature

Date