



CLIENT INFORMATION

Client Name _____

Name as it should appear on your account (*if different than client name*)

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Fax _____ Email _____

What is the best way to contact you?

How would you prefer to receive your statements?

Mail _____ Fax _____ Email _____

Whom may we thank for referring you to our practice?

CREDIT CARD INFORMATION

You can also pay your bill online at www.miller-dvm.com!

Card Amex _____ Visa _____ MasterCard _____

Card Number _____

Expiration Date _____ / _____ Security Code _____

(Where to find your security code: Visa & Mastercard: the last three digits on the signature box on the back of your card. American Express: the four digits on the front of your card)

Name & billing address of card holder (*if different than above*)

Would you prefer we automatically charge your statement balance to this card?

Yes _____ No _____

Unless otherwise specified, it is our policy to charge your credit card if your balance is more than 60 days past due.

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