To qualify for a wellness plan with monthly payments, the Petly Health Care Plan requires:

☐ Bank Account Number *(personal checking or savings)* ☐ Valid Driver's License

## Owner Information

Last Name | First Name | MI

Billing Address: Street | Apt # | City | State | Zip

Rent/Own | How Long at Current Address

Please provide 2 active phone numbers:

( ) Home | ( ) Cell | ( ) Work

## Employer Information

Employer | ( ) Phone Number | How Long

Address | City | State | Zip

## Account Information

Primary Bank Name | Last 4 Digits of Main Account | Years Active

By signing this application, I acknowledge the above information is accurate and true.

Signature | Date