

Michael D Moore DDS

Simple Promissory Note & Financial Agreement

This Simple Promissory Note & Financial Agreement is made between (Your Office Name Here) and,

_____ who agrees and promises to pay (Your Office Name Here) the sum of \$000.00 dollars for services received and as to the following terms,

1. Pay balance owing in full by _____.
2. Make a minimum monthly payment of \$_____ each month until the balance is paid in full.
3. Pay an interest at the annual rate of _____% payable after _____.
4. If this agreement is in default and is placed for collection shall pay all reasonable costs of collection and attorneys' fees.

By signing, I have read and agree to the above terms.

_____ Date _____
(Signature)

(Social Security Number)

(Address)

_____ Date _____
(Representative of Your Office Name Here)