

North Broad Family Dental
700 North Broad Street Suite 101
Elizabeth, NJ 07208
Promise to pay agreement

Promise to pay agreement:

By signing this agreement, I acknowledge and reaffirm my outstanding debt pertaining to fees/fines.

By signing this agreement, I agree to pay my outstanding debts according to the following schedule terms and conditions.

I agree and accept responsibility for monthly payment.

I understand all payments are to be made payable to North Broad Family Dental.

I understand it is my responsibility to notify North Broad Family dental of any address change, phone number or email changes.

I understand any payment returned by my banking institution for "insufficient funds", "stop payment", "account closed" or any other reason but immediately called the account to become delinquent and thereafter placed in a collection status which may include referral to a collection agency.

I understand that I may make additional payments beyond the agreed monthly payment at any time; However, I am still responsible for continuing to make the minimum monthly payment.

I understand that with every missed payment I will be charged a fee of \$75.00

I promise to pay all attorney fees and other reasonable collection costs and charges necessary for the collection of any amount not paid when due. I understand that, if my account is referred to a collection agency, the collection fee is ordinarily fifty percent (50%) of the total outstanding balance due, for which I will be responsible in addition to the principal debt due and payable.

I have carefully and completely read this agreement and fully understand the purpose, intent and effect of this agreement. I have voluntarily executed the agreement by action of my own free will.

Date _____ Signature_____