

# Lakeside Foot and Wound, LLC Payment Remittance Form

Client Name \_\_\_\_\_ Payment Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Payment Method

### Credit Card \_\_\_\_\_

Name appearing on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Zip \_\_\_\_\_

Card Type \_\_\_\_\_ (VISA, MC, Discover) CCV code \_ \_ \_

Card Holder Signature: \_\_\_\_\_

### Check \_\_\_\_\_

Check Number \_\_\_\_\_ Amount of Check \_\_\_\_\_

## Please Mail to:

Lakeside Foot and Wound, LLC  
P. O. Box 61  
Vergennes, VT 05491