



Compassionate FINANCE

INSTRUCTIONS FOR CREDIT APPLICATION

After printing the credit application, please complete the following:

- 1) Fill out the credit application completely
- 2) Sign and date where indicated on page 2

After completing and signing the application, please return to your dental or other healthcare provider and submit the completed forms where treatment is to be performed, pending credit approval. You will also be required to submit the following:

- 1) A voided check with routing and account number or a letter from your bank verifying your checking account information including routing and account numbers. Debit and credit cards are not accepted. The account must be a verifiable checking or savings
- 2) A valid state issued driver's license or other official government issued photo identification, i.e., passport.

*Your dental or healthcare provider will verify your applications for completeness and accuracy and submit it for credit approval. If you have any questions, please contact your dental or healthcare provider where treatment is to be performed. Compassionate Finance cannot process your application for approval except through direct submission from member practices.



Compassionate FINANCE

APPLICATION FOR CREDIT

APPLICATION INFORMATION

Date of Application: _____

Applicant Name: _____

Home Address: _____

Rent Own Mthly Pmt or Rent: _____ How Long: _____

Phone Number (Home): _____

Phone Number (Work): _____

Email: _____

Birth Date: _____

Social Security Number: _____

Drivers License: _____ State: _____

BANK INFORMATION

Preferred Payment Date: _____ (Must be 1st through 28th)

Name On Bank Account: _____

Account Number: _____

Bank Name: _____

Account Holder Type: Personal Business

Type of Account: Checking Saving

Routing Number: _____

EMPLOYMENT INFORMATION

Current Employer: _____

Employer Address: _____

Phone: _____ Email: _____

Position: _____ Hourly Salary Annual Income: _____

REFERENCES

1) Name of a relative not residing with you: _____

Home Phone Number: _____ Cell Phone Number: _____

Relationship: _____

2) Name of a relative not residing with you: _____

Home Phone Number: _____ Cell Phone Number: _____

Relationship: _____

NOTICE TO APPLICANT: (a) We adhere to the Patriot Act and we are required by law to adopt procedures to request and retain in our records information necessary to verify your identity. Do not sign the credit application until you have read and understand the terms and Conditions thereof. You are entitled to an exact copy of any agreement you sign. Please be certain to request and retain a copy of this credit application for your personal records.

You declare that the information provided by you above is true, complete and correct and provided to us for the purpose of inducing us to extend the credit for which you are applying. You authorize Extendcredit.com, our servicer, to verify all information that you have provided and acknowledge that this information may be used to obtain credit and payment history and to verify certain past and/or credit or payment history information from third party source(s) on our behalf. You understand that by signing this credit application that you are giving your written consent to have a credit check performed on our behalf as part of the application process as well as at various times during the term of the loan in connection with servicing or enforcement of the loan. Your signature below is confirmation that you have read the Terms and Conditions of the Credit Application, and the Disclosure Statement and agree to the terms and conditions therein and agree to be bound hereby and thereby

I have also read and agree to the Terms and Conditions of the Privacy Policy provide with this Application for Credit:

Applicant Name: _____

Applicant Signature: _____ **Date:** _____