



IN-HOUSE FINANCING APPLICATION

PERSONAL INFORMATION:

Name: _____ Mr. Miss. Mrs.
(Last) (First) (M.I.)

D. O. B. _____ Passport/Driver's License No.: _____

National Insurance No.: _____ Number of Dependents: _____

Single Married Divorced Separated Maiden Name: _____

Home Address: _____
(House/Apt. #) (Street) (P. O. Box)

Own Rent Parents Amount Per Month: _____ Years There: _____

City: _____ Island: _____ P.O. Box: _____

Tel. Home: _____ Work: _____ Cell: _____

EMPLOYMENT INFORMATION

Employer's Name: _____ Tel. # _____

Address: _____ Position/Occupation: _____

Years There: _____ Monthly Salary: _____

SPOUSAL INFORMATION:

Spouse's Name: _____ Tel. # _____

Employer's Name: _____ Address: _____

Position/Occupation: _____ Years There: _____

Monthly Salary: _____

FINANCIAL INFORMATION: (Assets/Liabilities: Home/Auto/Other)

Description: _____

Description: _____

Value: _____

Value: _____

Balance Owed: _____

Balance: _____

Monthly Payment: _____

Monthly Payment: _____

Other Loans:

Bank: _____

Bank: _____

Address: _____

Address: _____

Balance: _____

Balance: _____

Monthly Payment: _____

Monthly Payment: _____

EMERGENCY CONTACTS:

Name: _____

Name: _____

Address: _____

Address: _____

Employer: _____

Employer: _____

Telephone No.: _____

Telephone No.: _____

I hereby certify that the contents and the information given in this application are true and correct to the best of my knowledge. I consent to your exchanging with other parties concerning my credit history, income and employment, in order to grant or not grant credit.

Patient's Signature

Patient's Name

Witness' Signature

Witness' Name

For Administration only

Approval

Not approved

Surgical fee:

Implants/Garments:

Finance Charge:

Total Charge:

Down Payment:

Balance due:

Type of Surgery:

Date of Surgery: