

Medical Provider Use Only

Note#

Port#

UBT#

		<input type="checkbox"/> New Loan
		<input type="checkbox"/> Add On
Medical Provider Name and Location	Loan Amount	
Patient Name(s)	Monthly Payment	Terms/How Long
Patient Account Number	Patient Balance	
Approved By	1st Payment Due	Date

CREDIT APPLICATION

Please complete and return to your Medical Provider. All applicants must complete and sign.

Receive loan documents: Individual Credit (no initials required)

Electronically via DocuSign Joint Credit (please initial) _____

Mail

First Name	M.I.	Last Name	Suffix	Birthdate	Tax ID Number
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID Card					
<input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other _____					
			ID Number	Issue Date	Expiration Date
Current Physical Address			City	State	Zip
Mailing Address (if different than current physical address)			City	State	Zip
Home Phone Number		Cell Phone Number		E-mail Address	
Residence Status					
<input type="checkbox"/> Buying <input type="checkbox"/> Military <input type="checkbox"/> Other					
<input type="checkbox"/> Own <input type="checkbox"/> Parents/Relatives <input type="checkbox"/> Rent					
		Years at Residence	Monthly Housing Payment	Landlord/Lender	
Current Employer	Position		Years at Employer	Gross Monthly Income	Work Phone Number
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Sources of other income				Amount per month \$	

Joint Applicant

First Name	M.I.	Last Name	Suffix	Birthdate	Tax ID Number
ID Type <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID <input type="checkbox"/> Tribal ID Card					
<input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other _____					
			ID Number	Issue Date	Expiration Date
Current Physical Address			City	State	Zip
Mailing Address (if different than current physical address)			City	State	Zip
Home Phone Number		Cell Phone Number		E-Mail Address	
Residence Status					
<input type="checkbox"/> Buying <input type="checkbox"/> Military <input type="checkbox"/> Other					
<input type="checkbox"/> Own <input type="checkbox"/> Parents/Relatives <input type="checkbox"/> Rent					
		Years at Residence	Monthly Housing Payment	Landlord/Lender	
Current Employer	Position		Years at Employer	Gross Monthly Income	Work Phone Number
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.					
Sources of other income				Amount per month \$	

Important Information About Procedures For Opening a New Account: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

General Disclosure Statement:

You certify all statements made are true and complete, are provided for the purpose of obtaining credit, and that the lender may rely on them for the determination of creditworthiness. By completing the application, you authorize it to be processed by the lender including but not limited to, obtaining the applicant(s) credit history, contacting employer(s) to verify employment, verifying income and assets, and verifying the accuracy of statements contained therein.

X	X
Applicant's Signature	Joint Applicant's Signature
Date	Date