

APPLICATION FOR CREDIT

BOSLEY SURGICAL CENTER ID NUMBER: _____

PROCEDURE AMOUNT: \$	DOWN PAYMENT COLLECTED \$
CARE CREDIT KEY CODE:	OTHER KEY CODE:

PROCEDURE DATE:
APPLICATION SUBMISSION DATE:

APPLICANT INFORMATION

Last Name	First Name	Middle	Suffix	Social Security Number	Date of Birth
Mailing Address			City	State	Zip
Years there	Circle One Rent/Own/Live with other	Housing Payment \$	US Citizen Y N	Drivers License #	
Home Phone ()	Cell Phone ()	Email Address			
By providing an e-mail address, I consent to receive email confirmation of my Application, communications about my Account and periodic offers and updates.					
Previous Address if above is less than 3 years			City	State	Zip
					Years There

EMPLOYMENT INFORMATION

Employer Name	Position	Years There	Circle if Applicable Retired Self-Employed Homemaker Student		
Work Phone ()	Gross Monthly Pay <small>NO LESS THAN \$2,800 COMBINED</small> \$	Other Household Income (Monthly) \$	Source		
Previous Employer if less than 3 years	Position	Years There	Work Phone ()	Checking	Savings
You need not include spouse's income, alimony, child support or maintenance payments paid to you if you are not relying on them to establish creditworthiness. Spouse must also sign application EXCEPT in WA, ID, NV, WI, CA, AZ, NM, TX, & LA, if spouse's income is to be considered as "other income" by applicant.					

ADDITIONAL REQUIRED INFORMATION

Nearest Relative or Personal Reference not living with you (Other than to Co-Applicant)	Phone Number ()
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CO-APPLICANT'S INFORMATION

CO APPLICANT MUST BE IMMEDIATE FAMILY

Last Name	First Name	Middle	Suffix	Social Security Number	Date of Birth
Mailing Address			City	State	Zip
Years there	Circle One Rent/Own/Live with other	Housing Payment \$	US Citizen Y N	Driver's License #	
Home Phone ()	Cell Phone ()	Email Address			
By providing an e-mail address, I consent to receive email confirmation of my Application, communications about my Account and periodic offers and updates.					
Previous Address if above is less than 3 years			City	State	Zip
					Years There
Employer Name	Position	Years There	Circle if Applicable Retired Self-Employed Homemaker Student		
Work Phone ()	Gross Monthly Pay \$	Other Household Income (Monthly) \$	Source		

APPLICANT SIGNATURE

By submitting this application I verify that all information submitted on this application is true and correct, I authorize Bosley (the "Provider") and/or its lender(s) or assigns to verify the information on this application, including but not limited to obtaining credit reports, contacting my employer to verify employment and income, and/or contacting my Provider to verify the type of procedure(s), procedure date, down payment amount, procedure amount and make payment to Provider upon approval. I understand and agree that the Provider, its lenders or assigns can furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. I authorize the Provider and its staff to transmit this application on my behalf. I also agree that this application and any information I submit with it may be forwarded to other lenders and, those lenders will provide me any required disclosures. By signing below, I further agree that such other lenders may obtain a credit report and rely on it in making a credit decision.

Applicant Signature	Date	Co-applicant Signature	Date
RSO Representative Information:	Phone ()	Fax ()	Email Address:
Bosley Senior Counselor :	Phone ()	Fax ()	Email Address: