CREDIT REPORT APPLICATION

| Date: | Patient Name | | PR# | |
|--------------------------|--|---|-----------------------|-----------|
| | Guarantor – the <u>ADULT</u> person(s) v | vho is financially responsib | le for the treatment. | |
| TH | HIS WILL NOT REFLEC | CT ON YOUR CI | REDIT REPORT | I |
| I give my | permission to process my cr | edit, so that I may q | ualify for your payn | nent plan |
| | ill be <u>denied</u> unless this form i | , | | • |
| Guarantor's Full Name | | | | |
| | Last | First | | MI |
| Guarantor's | | | | |
| Current Addre | SS | | | |
| City | | State | Zip | |
| Home Phone # | | ıarantor's Relation to P | atient | |
| | | | | |
| SS # | Number of Years | s at Current Address | Date of Birth | |
| | | | | |
| Guarantor's | | | | |
| Previous Addre | ess | | | |
| Citv | | State | Zip | |
| • | | | | |
| | rs at Previous Address | | | |
| Current Emplo | yer | | | |
| Business Addre | ess | | | |
| City | | State | Zip | |
| Guarantor's | | | | |
| | | Work Phone | () | |
| | | | · | |
| Guarantor's | Signature | | Date | |
| ъ | | · · · · · · · · · · · · · · · · · · · | ID 4 | |
| • 0 0 | above, the applicant: 1) auth | | · · | • |
| | that it may require relative to | | | |
| | w, and 2) agrees that this app | | the property of the | UMFDSI |
| Assoc., PA w | hether credit is granted or not | | | |

THIS WILL NOT REFLECT ON YOUR CREDIT REPORT

| FOR OFFICE USE ONLY | |
|---------------------|--|
| Credit Status | |
| CredApRev 11/13rbj | |