

CREDIT APPLICATION

Please use black ink and print clearly

Fax To: (800) 555-8122

Phone (800) 504-4053

**Med Loan Finance**

Credit Amount Requested \$	Provider:	Co Signer for: Spouse Father Mother Sister Brother Other
First Name	Middle Initial	Last Name
Mother's Maiden Name:		
Social Security Number:	Date of Birth: Month / Day / Year	E-Mail Address:
Current Address: (Cannot be PO Box)	City	State Zip Code
Time at Current Address Years Months	<input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Parents / Relatives <input type="checkbox"/> Other	Monthly Rent / Mortgage Payment \$
Home Phone: ()	Alternative / Cell Phone: ()	Driver's License State and #

Current Employer:	Gross Income: <input type="checkbox"/> Week <input type="checkbox"/> 2-Weeks \$ <input type="checkbox"/> Month <input type="checkbox"/> Year
Business Phone: ()	Time at Current Employer Years Months

*Other Income (Can Include Spouse) * \$	Source of Other Income	Have You Ever Declared Bankruptcy <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when: Month / Year /
*You do not have to include alimony, child support, or separate maintenance income unless you want us to consider it as basis for repayment.			

Authorization to Release Credit Information and Credit Policies

By my signature, I authorize "Med Loan Finance", a loan processing company and / or their affiliated lending partners to run a credit report and verify the information I have provided. **I understand "Med Loan Finance" will be acting as a Fee Based credit-processing agent on my behalf and therefore does not approve, deny, set the rate and terms, guarantee loan approvals or discriminate against anyone for any reason.** As a part of this search, I fully understand my credit request may be presented to multiple credit issuing companies and/or search companies including (but not limited to) Banks, Finance Companies, Credit Card Issuers, and partnership programs with other such affiliated companies. I understand that I will be charged loan processing fees for these services. Furthermore, while calculated monthly, I understand that the total amount of the fees will be added to my base loan amount requested and become a part of my principal balance in most cases. I agree to "hold harmless" "Med Loan Finance" from any and all legal actions that might be taken as a result of a disputed matter with my Service Provider or Vendor.

Signature of Applicant_____
Date