



Financial Application

First Name _____ Last Name _____ DOB _____

Social Security Number _____ active email _____

Cell Phone Number _____

Address _____ Apartment Number _____ City _____

State _____ Zip Code _____ Monthly Mortgage/Rent Payment _____

Employment Status: Employed Self Employed Retired Student Unemployed

Military Other

Applicants Signature

Date

Second Applicant/ Cosigner

First Name _____ Last Name _____ DOB _____

Social Security Number _____ active email _____

Cell Phone Number _____

Address _____ Apartment Number _____ City _____

State _____ Zip Code _____ Monthly Mortgage/Rent Payment _____

Employment Status: Employed Self Employed Retired Student Unemployed

Military Other

Second Applicant/ Cosigner

Date

By signing the application you are providing written consent for Terrell Hills Dental to help applicant/cosigner find financial support with Care Credit, Sunbit, United Credit, Proceed and lending Club. Our lenders and partners with whom you are matched to obtain consumer reporting information from your credit profile or other information from one or more credit bureaus. You understand and agree that you are submitting an application for credit, and are consenting to the use of your consumer report information to conduct anti-fraud security checks and evaluate your application. You understand that your application may be matched with multiple lenders, each of whom may obtain consumer report information from your credit profile.