

CREDIT APPLICATION

Please use black ink and print clearly

Fax To: (800) 555-8122

Phone (800) 504-4053

Med Loan  Finance
 “A Loan Processing Company”

Credit Amount Requested \$	Provider:	Date of Services:	
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 \$	
Would You Be Interested in a Home Equity Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Estimated Property Value: \$	Current Mortgage Balance:	
Home Phone: ()	Alternative / Cell Phone: ()	Driver's License State and #	
Current Employer:	Position:	Gross Income: <input type="checkbox"/> Week <input type="checkbox"/> 2-Weeks \$ <input type="checkbox"/> Month <input type="checkbox"/> Year	
Employer Address:		City	State Zip Code
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.			
COMPLETE ONLY IF YOU HAVE MOVED OR CHANGED JOBS IN THE LAST TWO YEARS			
Previous Address: (Cannot be PO Box)		City	State Zip Code
Time at Previous Address: Years Months			
Previous Employer:	Position:	Time at Previous Employer Years Months	
Employer Address:		City	State Zip Code
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	