



www.acquiredloans.net

Toll Free Phone:
1-877-275-7526

Toll Free Fax:
1-888-592-5069

Credit Application

IF applying with a co-signer, please submit separate applications, and **check** here _____, if the person on this form has the strongest credit standing.

A co-applicant is helpful, where the patient has limited or no credit history, damaged credit, and/or a credit score below 630.

PATIENT: First Name MI		Last Name (Suffix: i.e. Jr.)		SS #		D.O.B. (mm / dd / yy)	
APPLICANT : First Name MI		Last Name (Suffix: i.e. Jr.)		SS #		D.O.B. (mm / dd / yy)	
Street Address or RR# or APO/FPO (NOT P.O. Box)				City		State	Zip
						___ Own	___ Yrs.
						___ Rent	___ Mths.
How Many Of Each Do You Have? }	___ Car / Truck / Boat / RV Loan		Have You Had A Bankruptcy?		Mother's Maiden Name		Monthly Rent or Mortgage
	___ Student Loans ___ Personal Loans		<input type="checkbox"/> No <input type="checkbox"/> Yes (Year)				\$
Email Address:						___ Single	
						___ Married	
Major Credit Card Reference (NOT Debit Card):				[][][][] - [][][][] - [][][][] - [][][][]		Expiration Date: ___MM / ___YY	
Home Phone () ()		Work Phone (Main) Ext. () ()		Cell Phone () ()		Credit Line Requested \$	
Employer		___ Yrs.	Gross Income Per: ___Wk		Gross Add'l Income Per: ___Wk		Source Of Add'l Income
		___ Mths.	\$ ___Mth		\$ ___Mth		
			___Yr		___Yr		(Spouse, 2nd Job, Pension, Etc)

Michael Eisemann, MD
Board Certified Plastic Surgeon

6550 Fannin • Suite 2119
Houston, TX 77030

7737 Southwest Freeway • Suite 790
Houston, TX 77074
(P) 713-790-1771 • (F) 713-790-0575

8830 Longpoint • Suite 407
Houston, TX 77055

AUTHORIZATION TO RELEASE PRIVATE INFORMATION & APPLICATION POLICIES

PATIENTS FINANCING \$2,500+ THROUGH ACQUIRED PATIENT LOANS (APL) RECEIVE A FREE 3-DAY, 2-NIGHT HOTEL STAY VACATION CERTIFICATE UPON VERIFICATION OF SERVICES PERFORMED BY MEDICAL / DENTAL PROFESSIONAL.

I understand it is a criminal offense to deliberately provide, false, misleading or inaccurate information, in any manner in an attempt to secure a credit offer, and that I may be subject to civil action for any attempt to defraud, slander, and/or malign Acquired Patient Loans (APL) and/or its lenders, and/or breach this agreement in any manner. I affirm to be at least eighteen years of age, and a U.S. citizen. In accordance with all current standards and requirements regarding privacy and confidentiality, I hereby allow the release of the above information to APL, and authorize and request APL to apply for, secure and accept credit lines and terms and conditions on my behalf via phone, fax or online service, and/or to provide credit counseling services in their efforts to help me achieve my goal as above. I understand, APL is an independent company, entirely separate from any lender, engaged in the business of providing the above services, and therefore neither approves nor denies applications, sets the interest rate or term, nor discriminates against anyone for any reason. I also authorize APL and/or its agents to monitor and/or record calls, verify information I provide, obtain my credit report, and share to the extent permitted by law this information with others as necessary in their efforts, and I instruct lenders to consider this application as submitted by me if unsigned, and a duplicate, if received within the past ninety days. I affirm I have the capacity to submit this application and accept financial services offered me. I understand fees and/or services charges are common with patient financing, and that I am responsible for any such fees, which are typically included in the amount financed, where lender permitted, to avoid an out of pocket expense. I understand too, I am not obligated to accept any credit line offered to me as a result of this application, that final approval of my application can be subject to credit standing and/or income verification, and that I am responsible for a one hundred fifty dollar fee payable solely to APL, if requested services herein are rendered. I have read and/or understand this application, agree to save and hold harmless APL and its representatives from any and all claims and/or actions, including but not limited to attorney's fees and costs connected in any manner to this application, and affirm to be true and genuine the information and signature provided herein. If the meaning of any portion of this Agreement differs in interpretation, in any language other than English, the meaning as written in English shall be the considered meaning.

Applicant Signature _____

_____ Date