

Financing Application

APPLICANT Name: _____ DL# _____
(first) (Middle) (Last) (State Issued & #)

Date of Birth ____/____/____ Social Security #: ____-____-____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Home Address: _____
(Street & Apt.#) (City) (State) (Zip)

Years at Residence: _____ Monthly Payment: \$ _____ Housing Status: Rent / Own / Other

Employer: _____ Occupation/Desc.: _____ Years at Company: _____

Employer Address: _____
(Street & Suite #) (City) (State) (Zip)

Yearly Gross Salary \$ _____ Yearly Additional Income \$ _____ Source of Additional income: _____

Procedure(s) Interested In: _____

CO-APPLICANT Name: _____ DL# _____
(first) (Middle) (Last) (State Issued & #)

Date of Birth ____/____/____ Social Security #: ____-____-____ Email: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Home Address: _____
(Street & Apt.#) (City) (State) (Zip)

Years at Residence: _____ Monthly Payment: \$ _____ Housing Status: Rent / Own / Other

Employer: _____ Occupation/Desc.: _____ Years at Company: _____

Employer Address: _____
(Street & Suite #) (City) (State) (Zip)

Yearly Gross Salary \$ _____ Yearly Additional Income \$ _____ Source of Additional income: _____

By completing and signing this application, I authorize Beverly Hills Plastic Surgery, Inc. to request, on my behalf, loan qualification information from various surgery loan institutions (Care Credit, Reliance, Capital One Healthcare Finance, and SurgeryLoans.com). Unless otherwise indicated, I authorize Beverly Hills Plastic Surgery, Inc. to apply to a 2nd institution should the first loan institution not provide approval. I understand that loan approval is not guaranteed, and that in no manner is the signing of this form an agreement to proceed with any particular institution. I waive Beverly Hills Plastic Surgery, Inc. of any and all damages and liabilities that may arise from the loan application process, and understand that this service is provided to me as a courtesy. I affirm that the information I have submitted is complete and truthful.

APPLICANT Signature: _____ Date: _____

CO-APPLICANT Signature: _____ Date: _____