



CREDIT APPLICATION & CREDIT CARD AUTHORIZATION

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 Fax. (800)-393-9317
loans@americanhcl.com

1. PROVIDER INFORMATION: Please tell us about the provider				
Program or Provider to be Paid: _____		Estimated Date When Funds Are Needed: _____		
Address: _____		Estimated Loan Amount: _____		
Phone: _____				
2. APPLICANT INFORMATION: Please tell us about yourself				
<input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit- (you intend to apply for joint credit)				
Complete for joint credit or if you live in a Community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)				
Name (First, Middle, Last) Please Print		Date of Birth	Social Security Number	Home Phone Number
Current Address (Must be a physical street address)		City	State	Zip
Cell Phone Number				
Housing Information __ Own __ Rent __ Other	Home Value \$ _____	Monthly Payment \$ _____	Applicant County of Residence	Time at Address yrs. mos.
Employer Name	Position	Time with Employer yrs. mos.	Gross Monthly Income (All Sources) \$ _____	Employer's County (Location)
Employer address (Must be a physical street address)		City	State	Zip
Self Employed Yes No				
Other Income** \$ _____	Source of other income	**Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		
Driver's License, ID Number # _____	Expiration Date	Email Address		
3. CO-APPLICANT INFORMATION: Please only complete this section for co-applicant if desired				
Complete for joint credit or if you live in a Community property state: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)				
Name (First, Middle, Last) Please Print		Date of Birth	Social Security Number	Home Phone Number
Current Address (Must be a physical street address)		City	State	Zip
Cell Phone Number				
Housing Information __ Own __ Rent __ Other	Home Value \$ _____	Monthly Payment \$ _____	Co-Applicant County of Residence	Time at Address yrs. mos.
Employer Name	Position	Time with Employer yrs. mos.	Gross Monthly Income (All Sources) \$ _____	Employer's County (Location)
Employer address (Must be a physical street address)		City	State	Zip
Self Employed Yes No				
Other Income** \$ _____	Source of other income	**Alimony, Child Support, or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation		
Driver's License, ID Number # _____	Expiration Date	Email Address		
4. SIGNATURE: Applicant and Co-applicant, please sign below ONLY AFTER READING THE TERMS AND CONDITIONS on the next page				
Signature of Applicant X _____		Signature of Co-Applicant X _____		
(Please Do Not Print) _____		(Please Do Not Print) _____		
Date _____		Date _____		
<p>By submitting this application, I/We hereby understand and agree that: Financial services providers and lenders may make credit inquiries and employment inquiries about me, may provide and exchange information about me with any source of credit information to which these entities may inquire, and may disclose information about me with other financial institutions for purposes of fulfilling this credit request, and I am authorizing them to do so by submitting this application for credit. I also certify that all information provided on this Application or in connection with this Application is true, correct and complete, even if completed by an agent and I understand that lenders will rely on the information in this credit application in making their decision and I also understand that making false statements in order to obtain credit is a crime. I certify that I am a U.S. resident and I agree that if credit is approved, lenders may obtain subsequent consumer reports in connection with reviewing the account, and taking collection action on the account or for other legitimate purposes associated with the account. I also provide express written consent for others to contact me/us, in connection with my/our loan at the phone number(s) and e-mail address (es) provided. I also consent to sharing the information in this application and my credit reports with my healthcare provider, with American HealthCare Lending and with participating lender partners. I also consent to allow American HealthCare Lending and its lender partners to verify the information in this application including, obtaining my credit report. This application is governed by federal law and Utah law (to the extent that state law applies).</p>				

