

**Citerra Financial
CREDIT APPLICATION**

4845
007120.000

APPLICANT/ PATIENT INFORMATION

Date:		Process Number:		Loan Amount: \$	
First Name:			Initial		Last
Date of birth:		SSN:		Phone:	
Email Address:			Cell Phone:		
Current address:					
City:		State:		ZIP Code:	
Own <input type="checkbox"/> Rent <input type="checkbox"/>		Mo. Rent/Mortgage: \$		How long? yrs mo	

EMPLOYMENT INFORMATION

Current employer:			How long? yrs mo		
Employer address:					
City:		State:	ZIP Code:	Monthly income: \$	
Phone:		Position:		OR Annual income: \$	
Other income: \$			Source:		

PROCEDURE INFORMATION

Type of procedure:	
Doctor name or Clinic name:	Surgery Date:
Doctor or Clinic phone:	

CO-APPLICANT INFORMATION

First Name:		Initial:		Last:		Relationship:	
Date of birth:		SSN:		Phone:			
Current address:							
City:			State:		ZIP Code:		
Own <input type="checkbox"/> Rent <input type="checkbox"/>			Mo. Rent/Mortgage: \$		How long? yrs mo		

CO-APPLICANT EMPLOYMENT INFORMATION

Current employer:			How long? yrs mo		
Employer address:					
City:		State:		Monthly income: \$	
ZIP Code:		Phone:		OR Annual income: \$	
I authorize Citerra Financial to verify the information provided on this form as to my credit and employment history.					
Signature of applicant				Date	
Signature of co-applicant				Date	

Citerra Financial Office 1-877-534-1993

Fax 1-866-811-6433

BY SUBMITTING THIS APPLICATION I HAVE VERIFIED THAT ALL INFORMATION SUBMITTED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AS WELL AS ALLOWING CITERRA FINANCIAL AND/OR ITS LENDER(S) TO VERIFY THE ENCLOSED INFORMATION, INCLUDING, BUT NOT LIMITED TO, OBTAINING MY CREDIT REPORT, CONTACTING MY EMPLOYER TO VERIFY EMPLOYMENT AND INCOME, AND/OR CONTACTING MY PHYSICIAN TO VERIFY THE TYPE OF PROCEDURE(S), PROCEDURE DATE, DEPOSIT AMOUNT, PROCEDURE AMOUNT AND REMIT PAYMENT ON APPROVAL.