

Please submit the following items with your completed application to expedite the processing of your application. Fax all information to Amy at 1(830)379-9263:

1. Completed Application with \$25 processing fee
2. Completed Credit Report Authorization Form
3. Proof of Income for (check stubs for 3 months)
4. 2 valid forms of ID

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CREDIT APPLICATION

Applicant's Name _____ Social Security No. _____
Address _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
How long at address _____ Own or Rent _____ Monthly Rent/Pmt _____
Employed by _____ Your Position/Job _____
How long _____ Salary/Pay \$ _____
No. dependents/children _____ Types car owned _____ Year _____

Applicant's Name _____ Social Security No. _____
Address _____ City _____ State _____ Zip _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
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Employed by _____ Your Position/Job _____
How long _____ Salary/Pay \$ _____
No. dependents/children _____ Types car owned _____ Year _____

Other sources of income:

_____ \$ _____
_____ \$ _____

Outstanding obligations (Mortgage, Other debts/Loans, Car payments etc.):

Name of Company Money is owed to:	Account Number:	Amount Owed:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pending lawsuits _____

Have you filed bankruptcy within last 6 years? _____

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Credit references (*Any local companies that have extended credit to you*):

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Name _____ Address _____ Phone No. _____

Bank references:

Name _____ Address _____ Phone No. _____

Checking Acct No. _____ Savings Acct. No. _____

Visa Card _____ Master Card _____

American Express _____ Other Credit Cards _____

NOTICE

When making application for credit, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living. You have a right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation. I/We specifically authorize Melanie Carreon M.D.,P.A., her agents/employees to verify information provided on this form regard credit and employment history. I understand that the information contained in this application will not be distributed to any third party except for the purpose of verifying my credit. Any incomplete or incorrect information may result in the denial of credit.

Applicant

Date

Co-Applicant

Date

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CREDIT REPORT AUTHORIZATION AND RELEASE

Authorization is hereby granted to Melanie Carreon M.D.,P.A. to obtain a standard factual data credit report through a credit reporting agency chosen by Dr. Carreon.

My signature below authorizes the release to the credit reporting agency a copy of my credit application, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc). Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.

Applicants hereby request a copy of the credit report obtained with any possible derogatory information be sent to the address of present residence, and holds Dr. Melanie Carreon, her agents, servants and employees and any credit reporting organization harmless in so mailing the copy requested.

Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.

Applicant

Applicant

Printed Name

Printed Name

Social Security No.

Social Security No.

Date

Date

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