

Please submit the following items in order to process your application in a timely manner and 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 previous 3 months(Check Stubs/Bank Statements)
4. 2 valid forms of ID

CONFIDENTIALITY NOTICE: The above document(s) contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. **THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND MAY BE PROTECTED FROM UNAUTHORIZED USE OR DISSEMINATION.** If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender immediately by telephone at (830) 379-9266 opt. 1 or fax at (830) 379-9263, of any unintended recipients and dispose of the original message without making any copies.

CREDIT APPLICATION

Name _____ Date _____ 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 _____

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? _____

CONFIDENTIALITY NOTICE: The above document(s) contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. **THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND MAY BE PROTECTED FROM UNAUTHORIZED USE OR DISSEMINATION.** If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender immediately by telephone at (830) 379-9266 opt. 1 or fax at (830) 379-9263, of any unintended recipients and dispose of the original message without making any copies.

Credit references:

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

Co-Applicant

CONFIDENTIALITY NOTICE: The above document(s) contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. **THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND MAY BE PROTECTED FROM UNAUTHORIZED USE OR DISSEMINATION.** If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender immediately by telephone at (830) 379-9266 opt. 1 or fax at (830) 379-9263, of any unintended recipients and dispose of the original message without making any copies.

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.

Borrower/Co-Borrower

PRINTED NAME

Social Security No.

Date

CONFIDENTIALITY NOTICE: The above document(s) contain information intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. **THE INFORMATION CONTAINED IN THIS TRANSMISSION IS CONFIDENTIAL AND MAY BE PROTECTED FROM UNAUTHORIZED USE OR DISSEMINATION.** If you are not the intended recipient, you are hereby notified that any viewing, copying, disclosure or distribution of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender immediately by telephone at (830) 379-9266 opt. 1 or fax at (830) 379-9263, of any unintended recipients and dispose of the original message without making any copies.