

Is the patient currently waiting in the office? Yes No **Web**



Date _____
Amount _____
Term _____

Dr. Steven Acker - 30857
Staten Island, NY
(718) 370-1200

Applicant Name: _____ **Patient Name:** _____

Address: _____
Street City State Zip

APPLICANT

Social Security Number: _____
Date of Birth _____

How long at present address _____
Home Phone (____) _____
Own or Rent? _____ Jointly Yes / No _____
Monthly Rent / Mortgage Amount _____
Mortgage Holder: _____

CO-APPLICANT

Name: _____
Relationship to Applicant _____
SSN: _____ **DOB:** _____

Address: _____
City, State, Zip _____
How long at present address? _____
Home Phone (____) _____
Own or Rent? _____ Jointly Yes / No _____
Monthly Rent / Mortgage Amount _____
Mortgage Holder: _____

Complete this section if less than 2 years at present address
Previous Address _____
City, State, Zip _____
How long there? _____
Own or Rent? _____

Complete this section if less than 2 years at present address
Previous Address _____
City, State, Zip _____
How long there? _____
Own or Rent? _____

Employer _____
City, State _____
Position _____ How long? _____
Gross Salary _____ per _____
Work Phone (____) _____

Employer _____
City, State _____
Position _____ How long? _____
Gross Salary _____ per _____
Work Phone (____) _____

Complete this section if less than 2 years at present job
Previous Employer _____
City, State _____
Position _____ How long? _____

Complete this section if less than 2 years at present job
Previous Employer _____
City, State _____
Position _____ How long? _____

Other Income \$ _____ per _____
Source of Additional Income: _____

Other Income \$ _____ per _____
Source of Additional Income: _____

Nearest relative not living with you:
Name: _____
City, State: _____
Relationship: _____

Please Fax to 508-573-3450

or mail to: Dental Fee Plan
225 Turnpike Road
Southborough, MA 01772

The applicant certifies that the information in this credit application is true and complete and made for the purpose of obtaining a loan. Dental Fee Plan (DFP) is authorized to verify the information disclosed and to perform a credit investigation. The applicant authorizes DFP to give credit information to any credit reporting service and to respond to credit inquiries. It is also agreed that the application shall remain the property of DFP whether or not the loan is granted. The loan proceeds may be paid as authorized by any applicant.

Date Signature of Applicant Date Signature of Co-Applicant

If your application is approved, financing will be provided by Capital One® or another independent bank.