

APPLICATION FOR CREDIT

Tel: 1-888-689-9876

Fax: 1-888-689-9862

medicard.com



APPLICANT'S INFORMATION

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	First Name & Initial(s):			Last Name:			Date of Birth: (DD/MM/YY)	
Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>								
Home Number:			Work Number:			Cell Number:		Email:	
Present Address:		Apt #:	City:	Prov.:	Postal Code:		How Long At This Address?		
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Parents <input type="checkbox"/>	Monthly Rent or Mortgage: \$	Mortgage Lender:		Social Insurance # (Optional):		Driver's License # + Province (Optional in Québec):	
Occupation:		Present Employer (Company Name):			Contact Name:		Employer's Phone Number:		Length of Employment:
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Student <input type="checkbox"/>	Gross Monthly Income: \$		Other Income (Specify): \$		
If Self Employed, State Name of Source of Income / Accountant:							Accountant's Phone Number:		

CO-APPLICANT'S INFORMATION (If any)

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	First Name & Initial(s):			Last Name:			Date of Birth: (DD/MM/YY)	
Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>								
Home Number:			Work Number:			Cell Number:		Email:	
Present Address:		Apt #:	City:	Prov.:	Postal Code:		How Long At This Address?		
Own <input type="checkbox"/>	Rent <input type="checkbox"/>	Parents <input type="checkbox"/>	Monthly Rent or Mortgage: \$	Mortgage Lender:		Social Insurance # (Optional):		Driver's License # + Province (Optional in Québec):	
Occupation:		Present Employer (Company Name):			Contact Name:		Employer's Phone Number:		Length of Employment:
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Retired <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Student <input type="checkbox"/>	Gross Monthly Income: \$		Other Income (Specify): \$		
If Self Employed, State Name of Source of Income / Accountant:							Accountant's Phone Number:		

TERMS AND CONDITIONS

I/we understand that the above information (the "Collected Information") is being collected for the purpose of obtaining credit from Medicard, a division of Medicard Finance Inc., carrying on business as iFinance Canada Inc. ("iFinance") and is warranted to be true and complete. I/we hereby authorize and consent to the collection of the Collected Information and to the making by iFinance, its successors and assigns of whatever credit investigations and/or employment and income confirmations iFinance or its successors and assigns may deem appropriate from time to time, and to the disclosure, sharing or exchange of the Collected Information and any report or information based thereon for these purposes with credit reporting agencies, and amongst iFinance, its successors and assigns or any company with whom I/we have or propose to have a financial relationship.

If approved, iFinance will contact your provider or medical facility.

X _____ Date _____ X _____ Date _____
Signature of Applicant Signature of Co-Applicant (if applicable)

Patient's Name (If applicable)

Approximate Date of Procedure

Please check one:

Fixed monthly payment

6 mths 1 yr 2 yrs 3 yrs 4 yrs 5 yrs

\$ _____
Amount of Financing Required

Medical Treatment Centre / Doctor's Name

Emergency or rush? - Please check here.