

# Fertility Financing



**High approval rates**  
**Flexible payment options**

- ◆ Apply in Minutes
- ◆ Fast Credit Decisions
- ◆ Low monthly Payments

- ◆ Competitive Low interest rates
- ◆ Installment Loan Terms 24, 36 or 48 months
- ◆ Fast and confidential application process
- ◆ No application Fee
- ◆ No APR increases throughout your loan
- ◆ No penalty for early payoff
- ◆ Customer Service 24/7



**Credit Funders**

## *Offering more choices in Fertility Financing*

Credit Funders helps make it easier for you to say 'Yes' to your treatment plan.

This program provides financing for fertility with convenient terms and flexible financing options.

Our finance program has no annual fees, low fixed monthly payments with increased customer satisfaction.

Our competitive program allows you the best choice with flexible options when financing your treatment, designed specifically for fertility needs.

We have designed these simple interest installment loan programs to be quick and efficient, with minimal paper work.

We offer quick turn around times on approved loans, with friendly and helpful customer service.

Thank you for choosing Credit Funders for your fertility financing needs.

For additional information please contact:  
**Specialist in Reproductive Medicine**  
Phone 239-275-8118

Or complete the application on the reverse side and fax to:  
Fax: 239-275-5914

# Credit Application

REQUESTED LOAN AMOUNT: \$ \_\_\_\_\_

Term (select one) 24 36 48

## PLEASE COMPLETE ALL FIELDS – INCOMPLETE APPLICATION WILL DELAY PROCESS

<b>APPLICANT</b> (Please Print)			*Email Address	
Name (First Middle Last)			Date of Birth	Social Security No.
Present Address	City	ST	Zip	How Long?
				Yrs      Mos
Previous Address (If less than 5 years at present address)			City	ST
			Zip	Circle your type of HOME:
				Own   Buying   Rent   Other
Present Employer (If Retired, write RETIRED)		Work Phone		How Long? if Retired, How Long?
				Yrs      Mos
Employer Address		Supervisor		Occupation or Job Title Now
Previous Employer (If less than 5 years at present employer)		Previous Employer Phone		Supervisor
				Other Monthly Income
Name of Nearest Relative NOT Living With You		Relative's Phone		Relationship
				Source of Other Income

**NOTE:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

<b>CO-APPLICANT</b> (Please Print)			*Email Address	
Name (First Middle Last)			Date of Birth	Social Security No.
Present Address	City	ST	Zip	How Long?
				Yrs      Mos
Previous Address (If less than 5 years at present address)			City	ST
			Zip	Circle your type of HOME:
				Own   Buying   Rent   Other
Present Employer (If Retired, write RETIRED)		Work Phone		How Long? if Retired, How Long?
				Yrs      Mos
Employer Address		Supervisor		Occupation or Job Title Now
Previous Employer (If less than 5 years at present employer)		Previous Employer Phone		Supervisor
				Other Monthly Income
Name of Nearest Relative NOT Living With You		Relative's Phone		Relationship
				Source of Other Income

**NOTE:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

**NOTE:** Complete this section ONLY if there is a co-applicant or if the applicant will rely on the income of a guarantor as a source of payment.

\* By providing your email address you consent to receive electronic information such as notices of credit decisions, monthly billing statements and collection notices. You also acknowledge that we will use all contact information provided to contact you regarding your application, loan offer, account status or future offers. We may utilize electronic, mobile, SMS, traditional methods or any other means available.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. I hereby acknowledge that I have been informed of the name and address of the financial institution to which this transaction is being submitted. I FURTHER ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

**AUTHORIZATION** I certify that the above information stated in this application is true and correct and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and employment history to answer questions about your credit experience with me and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Applicant Signature	Date	Co-Applicant Signature	Date
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MUST BE COMPLETED BY MERCHANT (To verify customer identity and address)		
Borrowers Drivers License# / State ID#	State of Issuance	Expiration Date
C-Borrowers Drivers License# / State ID#	State of Issuance	Expiration Date
Merchant/Company Name	Merchant Phone #	Merchant Address