

Before You Make Your Application

Lenders make their decisions on a case by case basis. However, if you can say 'YES' to the following this should minimise any queries.

- Are you over 18 and under 85?
- Can you provide a three year UK address history?
- Do you have a 'clean' credit history?
- Do you have means of income from which to afford repayment (salary, partner's salary, pension, etc)?

If you answer 'NO' to any of the above then please bring this to our attention.

Making Your Application

The process is simple. To make an application please:

- Complete the Application Form in full. If you leave out any information it could delay or adversely affect the Lender's decision.
- Provide recent proof of address such as a utility bill, bank statement or a copy of your Driver's Licence.
- Provide a proof of signature such as a Driver's Licence (if not used as proof of address), Passport or Debit/Credit Card.
- Submit the Application Form, along with copies of proof of address and signature to the fax, email or address provided.

What happens next?

Normally we will have a decision for you within 24 hours.

We will contact you to confirm this and then make arrangements for payment to be made direct to your practice enabling treatment to proceed with a minimum of delay.

Monthly payments will be made by direct debit commencing one month after payment is made to your practice.

Financing First Limited t/a Dental Finance, Company Number 4114714. Consumer Credit Licence 497606. Credit available to UK residents aged 18 and over. Credit subject to status. *For repayment in excess of twelve months, representative example: Treatment cost £1000, deposit NIL. Amount financed £1000. Payable by 24 monthly payments of £45.90. Total amount payable £1,101.60. Interest charged £101.60. Representative APR 9.9%.

Patient Finance Application Form

We are pleased to be working with your Dental Practice in providing finance facilities enabling them to offer their patients the option of spreading the cost of their dental treatment.

Various repayment options are available and if you would like to discuss which would best suit your personal circumstances then please call us on 01727 875459.

Facilities with repayment periods of up to 12 months are normally available on an 'interest free' basis. Longer terms normally incur an interest charge*, but please speak to us for further information.

Once you have decided which terms best suit you please complete and return the application form overleaf and return it to us by one of the following methods:

Fax: **01727 874899**

Email: **dentalfinance@financingfirst.co.uk**

Post: **Dental Finance
The Oaks
27 Applecroft
Park Street
St. Albans
AL2 2AP**

On the back page we have provided some useful information to assist you in considering and making your application.

If you have any queries regarding the application process please do not hesitate to call us.

Dental Finance

PLEASE USE BLACK INK

Total price of treatment	£	Practice name	
Deposit (optional)	£	Practice tel no.	
Finance required	£	Practice address	
Term	Mths		
Interest (APR)	%		
Monthly repayment	£	Purpose	Dental treatment

Personal Details

Proof of signature (credit or debit card / driver's licence / passport)

Please note reference details here _____

Proof of address (bank or credit card statement / utility bill / driver's licence)

Please note reference details here _____

Title Mr Mrs Ms Miss Other (please state) _____

Forename _____ **Other initials** _____

Surname _____ **Date of birth** _____

House number / name _____

Street _____ **Town** _____

Post code _____ **Time at address** _____ Yrs _____ Mths

Home telephone _____ **Mobile telephone** _____

Email address _____

Previous address details – if less than 3 years at current address

House number / name _____

Street _____ **Town** _____

Post code _____ **Time at address** _____ Yrs _____ Mths

Marital Status Single Married Widowed Separated Divorced

Living with partner Civil partnership **No. of dependents under 18** _____

Residential Status Tenant unfurnished Tenant furnished With parents

Owner occupier **Mortgage held?** Yes No If yes, time mortgage held _____ years

If applying for £9,000+ also provide Current outstanding mortgage? £ _____

Year of purchase _____ Purchase price £ _____

Bank Details

Bank sort code _____ **Bank account number** _____

Debit card held? Yes No **Time with bank** _____ Yrs _____ Mths

Number of credit cards held? _____ **Main debit / credit card number** _____

Employment or Self-Employment Details

Employed Self-employed Retired House person

If part time, must work at least 16 hours per week, If house person, then provide Spouses employment detail below

Employers name _____ **Telephone** _____

Time with employer _____ Yrs _____ Mths **Job Title** _____

Employers address or self-employment business address

Building number / name _____ **Branch / Dept.** _____

Street _____ **Postcode or Town** _____

Current Annual Income £0 - £7,499 £7,500 - £9,999 £10,000 - £12,499

Please tick box or provide actual gross annual income figure £12,500 - £14,999 £15,000 - £19,999 £20,000 - £24,999

£25,000 - £29,999 £30,000 - £39,999 £40,000 - £49,999

£50,000+ £ _____

If self-employed, please provide the following information

Business name _____ **Type of business** _____

Business telephone _____ **Time self-employed** _____ Yrs _____ Mths

Signature _____ **Date** _____

Use of your information. In considering your application you authorise us to refer your application to third party finance providers and within this paragraph all references to 'we' or 'us' will be deemed as including such finance providers. We offer credit through a maximum of two credit providers. In considering your application we will search your record at credit reference agencies. They will add to your record the details of the search and your application and this will be seen by other organizations that make searches. Information held about you by the credit reference agencies may already be linked to records relating to one or more other persons. For the purpose of this application you may be treated as financially linked and your application will be assessed with reference to any associated records. If you are a joint applicant or if you have told us of some other financial association with another person: you must be sure that you are entitled to disclose information about your joint applicant and anyone referred to by you, authorize us to search, link or record information at the credit reference agencies about you and anyone referred by you. An association between joint applicants and between you and anyone you tell us is your financial partner will be created at the credit reference agencies. This will link your financial records, each of which will be taken into account in all future applications by either or both of you. This will continue until one of you successfully files a disassociation at the credit reference agencies. We will use a credit scoring or other automated decision making process when assessing your application. We will also add to your record with the credit reference agencies details of your agreement with us, the payments you make under it, any default or failure to keep to it's terms and if you give us false or inaccurate information and we suspect fraud we will record this. These records will be shared with other organizations and used by them to help make decisions about credit and credit related services such as insurance for you and persons with whom you are financially linked, trace debtors, recover debt, prevent money laundering and fraud, and to manage your accounts. The credit reference agencies and fraud prevention agencies will also use the records for statistical analysis about credit and about insurance and fraud. Fraud prevention agency records will also be shared with other organizations to help make decisions on motor, household, credit life and other insurance products and insurance claims for you and persons to who you are financially linked. Each applicant warrants and certifies that all the details on this form are true. You authorize us to make payment direct to your dental practice as detailed above. You acknowledge that your dentist may be informed of any arrears and authorize your dentist to discuss any aspects of the transaction and related treatment with us.