

Please fill out form completely. Fax application to 1.661.347.4172

Cash / credit currently available to you	Amount you wish us to finance
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APPLICANT

First	Last	Mother's Maiden Name	Date of Birth	SS#
Email Address	Driver's Lic#	Expiration Date		
Physical Address	City	State	Zip	Home Phone ()
Mailing Address	City	State	Zip	
<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Payment				
<input type="checkbox"/> Parents <input type="checkbox"/> Other \$				
Employer	Position	Phone Number ()	How long have you worked for this employer?	
Employer's Address	Net Monthly Income		Paycheck Dates	
Personal Reference	Phone Number ()			
Other Income (Please Explain):				
Would you like to add an authorized user?	Yes / No		Name of User	

CO-APPLICANT

First	Last	Mother's Maiden Name	Date of Birth	SS#
Email Address	Driver's Lic#	Expiration Date		
Physical Address	City	State	Zip	Home Phone ()
Mailing Address	City	State	Zip	
<input type="checkbox"/> Own <input type="checkbox"/> Rent Monthly Payment				
<input type="checkbox"/> Parents <input type="checkbox"/> Other \$				
Employer	Position	Phone Number ()	How long have you worked for this employer?	
Employer's Address	Net Monthly Income		Paycheck Dates	
Personal Reference	Phone Number ()			
Other Income (Please Explain):				

I have read the application and everything I have stated is true and complete. I am at least 18 years of age and either a United States citizen or a permanent resident of the US. I authorize Beautologie Medical Group, Inc. and/or its participating lenders to review and/or share my credit and employment histories and any other information in order to process this application, service my loan and/or account, and manage the relationship with me. I authorize Beautologie Medical Group, Inc. and/or its lenders to share with others, to the extent permitted by law, such information and its credit experience with me. If I accept a loan or line of credit, I do so subject to the terms of such loan or line of credit and any account agreement as it may be amended or supplemented; I also agree to pay all charges incurred under such terms. If Beautologie Medical Group, Inc. have received another credit application from me within the past 90 days, Beautologie Medical Group, Inc. may consider this application to be a duplicate. I consent to and authorize Beautologie Medical Group, Inc., and its affiliates, or its marketing associates to monitor and/or record any of my phone conversations with any of their representatives. I acknowledge that I will incur \$50 cancellation fee if I cancel a loan or line of credit after I have accepted it and I understand that I must cancel in writing.

REPRESENTATIONS & SIGNATURES

All information is strictly confidential and will be used by Beautologie Medical Group, Inc. and/or its strategic partner for the purpose of eligibility determination. By submitting this application, I hereby authorize Beautologie Medical Group, Inc. and its agents, to obtain any credit reports and information they deem necessary to complete a credit review on multiple outside credit lenders.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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