Reproductive Care Finance, PC

LOAN APPLICATION AND CREDIT RELEASE

(Please submit this application with a \$40 payment for loan application fee) (A \$100 payment for loan processing due at closing)

Loan approval is only guaranteed for 90 days with no financial changes, after that time you may be required to reapply

| | TYPE OF LOAN | | | |
|-----------------------------------|--------------------------|-----------------------------|--|--|
| IVF PACKAGE | Are you Pre-Qualifying? | Application Date: | | |
| Single Cycle (24 month max. term) | | Term of Loan in Months | | |
| Multiple Cycle Discount | Amount of Loan | 6 12 24 36 48 | | |
| Guaranteed Refund | Amount of Down Payment | | | |
| Additional Services: | | Are you applying for credit | | |
| | | Individually Jointly | | |
| | INFORMATION- APPLICANT 1 | | | |
| Name: | | e-mail | | |
| DOB | SSN | Phone | | |
| Current address | | | | |
| City | State | Zip | | |
| Own or Rent | Monthly pmt | How long? | | |
| Current Employer | | How long? | | |
| Position | | Annual Income | | |
| Previous Employer | | How long? | | |
| Position | | Annual Income | | |
| Additional Source of Income* | | | | |
| | INFORMATION- APPLICANT 2 | | | |
| Name: | | e-mail | | |
| DOB | SSN | Phone | | |
| Current address | | | | |
| City | State | Zip | | |
| Own or Rent | Monthly pmt | How long? | | |
| Current Employer | | How long? | | |
| Position | | Annual Income | | |
| Previous Employer | | How long? | | |
| Position | | Annual Income | | |
| Additional Source of Income* | | | | |
| | INFORMATION- APPLICANT 3 | | | |
| Name: | | e-mail | | |
| DOB | SSN | Phone | | |

| Current address | | |
|------------------------------|-------------|---------------|
| City | State | Zip |
| Own or Rent | Monthly pmt | How long? |
| Current Employer | | How long? |
| Position | | Annual Income |
| Previous Employer | | How long? |
| Position | | Annual Income |
| Additional Source of Income* | | |

^{*} Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

| | | FINANCIAL II | NFORMATION | | | |
|---|-----------------------|----------------------|-------------------|---------|----------|---------|
| ASSET | VALUE OF ASSET | LIABILITIES | NAME/CREDITOR | BALANCE | MONTHLY | PAYMENT |
| НОМЕ | | MORTGAGE 1 | | | | |
| НОМЕ | | MORTGAGE 2 | | | | |
| AUTO 1 | | AUTO LOAN 1 | | | | |
| AUTO 2 | | AUTO LOAN 2 | | | | |
| BANK ACCOUNTS | | CREDIT CARDS 1 | | | | |
| BANK ACCOUNTS | | CREDIT CARDS 2 | | | | |
| OTHER | | STUDENT LOANS | | | | |
| OTHER | | OTHER | | | | |
| OTHER | | OTHER | | | | |
| OTHER | | OTHER | | | | |
| TOTAL ASSETS | | TOTAL MONTHLY | PAYMENT | 1 | <u> </u> | |
| | | MISCEL | LANEOUS | | | |
| Are there any outs | tanding judgments | against you? | | | YES | NO |
| Have you declared | bankruptcy within | the last seven years | ? | | YES | NO |
| Have you had any foreclosures within the last seven years? | | | YES | NO | | |
| Are you a party to a lawsuit or arbitration? | | | YES | NO | | |
| Have you directly o | or indirectly been ol | bligated on any loan | which resulted in | | | |
| foreclosure or transfer of title in lieu of foreclosure? | | | YES | NO | | |
| Are you presently delinquent on any federal debt, mortgage loans or any other loan? | | | YES | NO | | |
| Are you obligated to pay alimony or child support? | | | YES | NO | | |
| **If so, how much | per month? Are yo | u current on your pa | yments? | | | |
| Are you a co-signer on any note? ***If so, please list potential amount owed: | | | YES | NO | | |
| Do you currently have any unpaid medical debts? | | | YES | NO | | |
| Have you ever been in default on medical bills owed to a physician or hospital? | | | YES | NO | | |
| Is there any other significant financial information that should be disclosed? | | | YES | NO | | |

| Are you willing to have monthly payments deducted from your checking account? | YES | NO |
|--|--------------------|----|
| NECESSARY DOCUMENTATION | | |
| - Copies of the most recent two paystubs for all applicants. If you are self-employ | ed, verification o | of |
| income is required with a profit and loss statement, bank statement, etc. | | |
| - Copies of your tax returns for the last two years | | |
| Please submit the above documents with your signed application and \$40 Loan applica | tion fee. | |
| SIGNATURES | | |

- The undersigned certifies that the information given above is true, accurate and complete as of the signing date.
- The undersigned authorizes Reproductive Care Finance, PC. to verify the information provided on this form including credit and employment history.
- The undersigned authorizes Reproductive Care Finance P.C. to obtain a consumer credit report on the undersigned. This authorization is valid for the purposes of verifying credit information given by me/us pursuant to possible consumer financing to be provided by Reproductive Care Finance P.C. or for any other lawful purpose covered by the Fair Credit Reporting Act (FCRA).

| for any other lawful purpose covered by the Fair Credit Reporting Act (FCRA). - The undersigned understands that the information obtained will be treated as | confidential. |
|---|---------------|
| Signature of Applicant 1 | Date |
| | |
| Signature of Applicant 2 | Date |
| | |
| Signature of Applicant 3 | Date |