

## Credit Application

Provider ID # 96844  
Phone: 662-895-7338  
Fax: 662-895-7040

### Identification Information

ID Type:  Drivers License  State-Issued ID  Passport

ID #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please fill out applicant information below as completely as possible. The applicant is the patient, parent/guardian if patient is a minor, or veterinary owner. All fields marked with an \* are required to process your application. If you already have a ChaseHealthAdvance Revolving Account or have questions, please call 1-888-519-6111.

### Personal & Contact Information

First Name\* \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name\* \_\_\_\_\_

Social Security #\* \_\_\_\_\_ Date of Birth\* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Home Phone #\* \_\_\_\_\_ Other Personal Phone # \_\_\_\_\_

Mailing Address (Including Apt #)\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address (Including Apt #) No PO Boxes \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Income & Employment Information

Gross Annual Income\*: \$ \_\_\_\_\_

*Alimony, child support, or separate maintenance need not be included if you do not wish to rely on it. Gross Annual Income is income that you are able to use for repaying your debts. Examples may include income earned from salaries, investments, rental properties, Social Security benefits and retirement accounts.*

Source of Income:  Employed  Self Employed  Retired  Other: \_\_\_\_\_

Residential Status:  Own  Rent  Live with others  Other: \_\_\_\_\_

Monthly Rent/Mortgage Payment\*: \$ \_\_\_\_\_

Present Employer \_\_\_\_\_ Present Employer Phone # \_\_\_\_\_

Personal Reference or Relative Not Living with You \_\_\_\_\_ Phone # \_\_\_\_\_

I certify that: I am at least 18 years of age (19 in AL and NE). I have read and agree to all terms, conditions, authorizations and disclosures printed in the Legal Terms and Conditions brochure; I agree that the information submitted is true and correct; I authorize the submission of this instant credit application; and I have been given a copy of the Revolving Account Agreement that will govern my account, if approved, and I acknowledge that I should read it before using my account. Please sign to indicate your acceptance of the terms.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_