



FINANCIAL INSTALLMENT APPLICATION

APPLICANT INFORMATION

Name:

Date of Birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

E-mail address:

Monthly Net Income:

Gross Annual Income:

Additional Income:

CO-APPLICANT INFORMATION, IF FOR A JOINT ACCOUNT

Name:

Date of Birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Own Rent (Please circle)

Monthly payment or rent:

E-mail address:

Monthly Net Income:

Gross Annual Income:

Additional Income:

I authorize Teeth Tomorrow, LLC to verify the information provided on this form as to my credit history. Teeth Tomorrow, LLC may provide information about me (even if my application is declined or my account is not opened) to companies that offer Patient Payment Programs such as, but not limited to GreenSky, CareCredit, Lending Club and Proceed.

Printed Name of Applicant:

Signature of Applicant:

Date

Printed Name of Co-applicant:

Signature of Co-applicant, if for joint account:

Date

