

In-House Financing Agreement

Patient Name:

Required for financing:

Type of Surgery:

- Application Form filled out & signed
- Copy of Applicant's Banking Info or Credit Card
- Copy of Applicant's ID
- Copy of Guarantor's ID

Financing Amount:

Applicant Information

First Name:	Last Name:	Relationship to Patient:
Home Street and No. Address	Apt No. City	Prov. Postal Code
Date of Birth:	Home Phone No:	Cell Phone No:
Photocopy of Government issued identity document provided: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Other: _____		

An initial down payment of [\$] is due three weeks prior to your surgery date. Please note you will be charged the equal monthly payments on the 1st of each month after each surgery respectively. The period will be for 12 months at 0% interest for each eye, if applicable. The outstanding amount may be paid in full at any time during the 12 months without penalty.

The amount due on the 1st of each months is:

We accept credit cards or preauthorized electronic funds transfers. A receipt will be issued to you each time a payment is credited to your account. For preauthorized electronic funds transfers we will require a copy of a void cheque or a print out of your banking information. For credit cards we will require a photocopy of your credit card. A \$100 late fee will be charged on all accounts which are past due each month. There will be a \$100 charge for denied credit cards or electronic funds transfers. To take advantage of our interest-free in-house financing, monthly installments will be auto drafted from your credit card or banking account on the 1st of each month.

A credit check is required; your guarantor's credit will also be checked if yours does not meet our requirement.

A guarantor who will have joint and solidary liability with you strictly for the in-house financing amount above is also needed. The guarantor information is below:

First Name:	Last Name:	Relationship to Patient:
Home Street and No. Address	Apt No. City	Prov. Postal Code
Date of Birth:	Home Phone No.	Cell Phone No.
Photocopy of Government issued identity document provided: <input type="checkbox"/> Drivers License <input type="checkbox"/> Passport		
<input type="checkbox"/> Other: _____		
I declare that I am standing guarantor, jointly and solidarity with the above-named patient, for the financing amount described above, for the full amount, plus any costs incurred due to late or declined payments. I understand payments will be made at the same payment dates and same rate. My obligation may be claimed in whole form each of my heirs, legatees and assigns. <i>I also hereby allow my information to be used for a credit check if necessary.</i>		
_____		_____
Guarantor Signature		Date

To be completed by the applicant:

I understand that if no payments are made after 3 requests, that my information and debt may be sent to a collections agency. _____(Initial)

I understand the down payment is due three weeks prior to surgery. _____(Initial)

I have provided a copy of my banking information/void cheque or credit card. _____(Initial)

A photocopy of identity documents as stated above has been provided by my guarantor and myself. _____(Initial)

I understand the in-house financing is subject to a credit check approval (a minimum credit score of 650 is required). _____(Initial)

I understand the consequences of non-payment will result in discontinuation of any Fraser Valley Cataract and Laser / BC LASIK appointments, voiding any surgical warranty and releasing Fraser Valley Cataract and Laser / BC LASIK of all liabilities and responsibilities. _____(Initial)

Name of Applicant (Printed)

Name of Witness (Printed)

Signature of Applicant

Signature of Witness

Date: _____

Date: _____

Office Use Only:

Credit Score of Applicant: _____

Credit Score of Guarantor (if applicable): _____

Photocopy of identity document received: Applicant Guarantor

Financing: Approved Rejected

Name: _____ Date: _____