



PLASTIC & COSMETIC CENTER IN-HOUSE FINANCING FORM & CREDIT CHECK

Please fill out the sections below: _____

First, Last name: _____

Phone Number: _____

Email Address: _____

Information & Materials Required for In-House:

Annual Income: _____

Credit Score: _____

Checking Account Number: _____

****A Valid form of ID is required****

****Required 75% of procedure total amount put down. ****

Date: _____

Printed Name: _____

Signature: _____

If you have any other questions regarding In-House financing don't hesitate to reach out to us at 210-270-8595.



Authorization to run credit applications

In an ongoing effort to make you aware of any transactions we are performing, we ask that you sign this consent to run your credit.

We expect most of these to be soft "pulls "(not affect your credit score) but some may. We cannot predict which ones will be soft or hard pulls _____

We will try to find you credit with typical lenders such as

Care Credit

Alphaeon

United

Credit Novo

Cherry

Any other medical lenders _____

Or we may be able to open a credit card for you with typical credit card companies _____

Below you will sign for the following

We declare that the above information is true, correct and complete and is given to induce the Company to extend credit. We authorize the Company* to make such credit investigation as the Company* sees fit, including contacting the above trade references and banks and obtaining credit reports. We authorize all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself: I have read the terms and conditions stated below and agree to all of those terms and conditions

Name of Company

Authorized Signature:

Printed Name:

Date

*Company referring to The Plastic and Cosmetic Center, Trilogy by Jeneby (Spa Black), or any affiliated corporations.

Dr. Stanley  **SpaBLACK**
by Thomas Stanley M.D.