

Total Price of Treatment	£	Practice Name	
Deposit	£	Practice Tel. No.	
Finance Required	£	Agency No.	
Term	Months	Practice contact	
Interest (APR)	%		
Monthly Repayment	£	Purpose	Dental Treatment

Proof of Signature (credit card / Debit card / driver's licence / passport)
(Please note reference details and expiry dates here)

Proof of Address (bank or credit card statement / driver's licence / utility bill / council tax bill)
(Please note reference details and expiry dates here)

1. Personal Details				2. Bank Details			
Title	Gender	M / F		Sort Code			
Forename				Account number			
Other initials				Time at bank		Yrs.	Mths.
Surname				Number of Credit Cards			
Date of Birth				Main Credit/Debit Card No.			
				Debit card held	Yes / No		
House number / Name							
Street							
Town							
Postcode							
Time at Address		Yrs.	Mths.	Employed / Self Employed / Retired / House person If part-time, then must work at least 16 hours per week If house person then spouses details required below			
Home tel. no.				Employer's name			
Mobile tel. no.				Dept./Branch			
Email Address.				Telephone no.			
Previous address details - if less than 3 years at current address				Job Title			
House number / Name				Time with Employer		Yrs.	Mths.
Street				Employer's address / Self Employed Business Address:			
Town				Building no. / Name			
Postcode				Street			
Time at Address		Yrs.	Mths.	Post Code			
Marital Status Married / Single / Widowed / Divorced / Separated / Living with Partner /Civil Partnership				If Self Employed - Please provide the following information			
				Type of Business -			
				Business Name -			
Previous / other name				Time Self Employed		Yrs.	Mths.
Residential Status Owner Occupier / Living with Parents / Tenant Unfurnished / Tenant Furnished				Signed by Applicant			
If Owner – Mortgage yes / no	If yes time held		Yrs	Date			
Number of dependent children under 18							
Current Salary (Please <input checked="" type="checkbox"/>)	Under £25,000	£25,000 to £49,999	£50,000 to £99,999	£100,000 or More			

For applications of £9,000 or more the following additional information is required:

If Homeowner	Year home purchased	Purchase price	£	Current outstanding mortgage	£
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Tel: 01727 875459 Fax: 01727 874899 Email: dentalfinance@financingfirst.co.uk

Use of your information. In considering your application you authorise us to refer your application to third party finance providers and within this paragraph all references to 'we' or 'us' will be deemed as including such finance providers. In considering your application we will search your record at credit reference agencies. They will add to your record the details of the search and your application and this will be seen by other organizations that make searches. Information held about you by the credit reference agencies may already be linked to records relating to one or more other persons. For the purpose of this application you may be treated as financially linked and your application will be assessed with reference to any associated records. If you are a joint applicant or if you have told us of some other financial association with another person: you must be sure that you are entitled to disclose information about your joint applicant and anyone referred to by you, authorize us to search, link or record information at the credit reference agencies about you and anyone referred by you. An association between joint applicants and between you and anyone you tell us is your financial partner will be created at the credit reference agencies. This will link your financial records, each of which will be taken into account in all future applications by either or both of you. This will continue until one of you successfully files a disassociation at the credit reference agencies. We will use a credit scoring or other automated decision making process when assessing your application. We will also add to your record with the credit reference agencies details of your agreement with us, the payments you make under it, any default or failure to keep to it's terms and if you give us false or inaccurate information and we suspect fraud we will record this. These records will be shared with other organizations and used by them to help make decisions about credit and credit related services such as insurance for you and persons with whom you are financially linked, trace debtors, recover debt, prevent money laundering and fraud, and to manage your accounts. The credit reference agencies and fraud prevention agencies will also use the records for statistical analysis about credit and about insurance and fraud. Fraud prevention agency records will also be shared with other organizations to help make decisions on motor, household, credit life and other insurance products and insurance claims for you and persons to who you are financially linked. Each applicant warrants and certifies that all the details on this form are true. You authorize us to make payment direct to your dental practice as detailed above. You acknowledge that your dentist may be informed of any arrears and authorize your dentist to discuss any aspects of the transaction and related treatment with us.