

Select Term in Months 6 12 24 36 48 60

Yes, please apply 6 months interest free to my application

Eye Q Premium Laser

780.429 2015

\$

M D Y

Provider / Practice Name

Provider Tel Number

Amount Requested

Treatment Plan Date

Applicant Information

First Name	Middle Name	Last Name	Home Tel Number
Home Address (current)	City	Province / Postal Code	Business Tel Number
Yrs. Mos.	M D Y		
Time at Current Address	Date of Birth	Social Insurance Number	E-mail
			Yrs. Mos.
Previous Address	City	Province / Postal Code	Time at Previous Address
Marital Status	Number of Dependents	Co-Applicant (Y / N)	Relationship to Co-Applicant
Current Employer	Occupation	Years / Months	Gross Annual Income
Previous Employer	Occupation	Years / Months	Gross Annual Income
Other Sources of Income	Description (Rental, Pension, Investment, etc.)		Gross Annual Income

Co-Applicant Information (if applicable)

First Name	Middle Name	Last Name	Home Tel Number
Home Address (current)	City	Province / Postal Code	Business Tel Number
Yrs. Mos.	M D Y		
Time at Current Address	Date of Birth	Social Insurance Number	Number of Dependents
			Yrs. Mos.
Previous Address	City	Province / Postal Code	Time at Previous Address
Current Employer	Occupation	Years / Months	Gross Annual Income
Previous Employer	Occupation	Years / Months	Gross Annual Income

Financial Information (Complete only for applications greater than \$8,000)

	What You Own	What You Owe	Comments
Home	\$	\$	
Vehicle	\$	\$	Make: Year:
RSP	\$	\$	
Other			

Fax Application To

Fax completed application to: **877.778.5465** or **604.633.0637** To contact a Customer Service Representative call: **877.778.5400** or **604.633.0632**

Authorization

I/We confirm that the information provided on my/our application is correct. I/We have read, understand and I/We agree to the terms of the Loan Agreement provided to me and the terms and conditions of the PatientLink/B3Dental Program. The Loan Agreement includes a Citizens Bank Privacy Statement. I/We consent to Citizens Bank collecting, using and disclosing personal information for the purposes identified in the Citizens Bank Privacy Statement. I/We also consent to Citizens Bank obtaining such credit information about me as it may require from time to time in connection with any accounts or loans that I/We apply for. I/We understand that I/We will be required to produce photo ID and a voided cheque when I/We receive and sign the Promissory Note. I agree to indemnify and hold harmless PatientLink/B3Dental and their banking partners from any and all claims whatsoever made against the Provider or PatientLink/B3Dental, which arises or is alleged to arise out of any procedure involving the Provider. This account is to be used by the account holder(s) only, not on behalf of a third party. If this is not applicable, please complete the Third Party Statement Form.