



LOAN APPLICATION

Applicant Information:

1. Last Name	2. First Name	3. Initial	4. Social Security Number		
5. Address	6. City	7. State	8. Zip Code	9. Birth date	
10. Phone Number	11. Drivers License Number	12. Do you own or rent your home? Rent <input type="checkbox"/> Own <input type="checkbox"/>			13. Sex
14. Monthly Net Income from All Sources	15. E-Mail Address			16. Requested Loan Amount	

If approved payment will be automatically withdrawn each month. Account Information:

18. Bank Account Number	19. Routing Number	20. Name of Bank
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Please indicate the terms you are requesting:

36 months (9.95% interest) <input type="checkbox"/>	48 months (9.95% interest) <input type="checkbox"/>	60 months (9.95% interest) <input type="checkbox"/>
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Co-Applicant Information:

1. Last Name	2. First Name	3. Initial	4. Social Security Number		
5. Address	6. City	7. State	8. Zip Code	9. Birth date	
10. Phone Number	11. Drivers License Number	12. Do you own or rent your home? Rent <input type="checkbox"/> Own <input type="checkbox"/>			13. Sex
14. Monthly Net Income from All Sources	15. E-Mail Address			16. Relationship to Applicant	

Signature of Applicant:

1. Applicant's Certification:
I certify under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct to the best of my knowledge.
I authorize San Diego Dental Careers to check my credit and assess credit worthiness based on the information provided.

Signature of Applicant Date

Signature of Co-Applicant:

1. Co-Applicant's Certification:
I certify under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this application is true and correct to the best of my knowledge.
I authorize San Diego Dental Careers to check my credit and assess credit worthiness based on the information provided.

Signature of Co-Applicant Date

Return application to the following address:

San Diego Dental Careers
4690 Genesee Avenue
San Diego, CA 92117
or Fax to (858) 576-7373

For office use only:

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