

We Offer **No Interest** Payment Plans...

If paid within the promotional period*
minimum monthly payment required



*Otherwise, interest assessed from purchase date.
See inside for details.

CareCredit®



For Providers: (800) 859-9975
For Patients/Clients: (800) 365-8295

A credit service of GE Money Bank

APPLICATION AND INITIAL CARDHOLDER DISCLOSURE

Submit by INTERNET: CARECREDIT.COM

TOP SECTION FOR OFFICE USE ONLY

ESTIMATED FEE \$		Office Merchant #		Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____	
Photo ID verified (initial):	Applicant 1st ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Applicant 2nd ID Type / Issuer	Exp. Date
Provided by GE Money Bank:	Account #	Authorization # or Key #		Approved Credit Limit	

1. APPLICANT INFORMATION: Please tell us about yourself.

For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -	Home Phone No. ()
Mailing Address *	Apt. #	City	State	Zip
		Cell / Other Phone Where We May Call You ()		
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name _____ Street Address (Street Name and Number) _____ <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? City _____ State _____ Zip _____				
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. ()
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.		

2. CO-APPLICANT INFORMATION

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -	Home Phone No. ()
Mailing Address *	Apt. #	City	State	Zip
		Cell / Other Phone Where We May Call You ()		
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name _____ Street Address (Street Name and Number) _____ <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? City _____ State _____ Zip _____				
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. ()
Co-Applicant ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Co-Applicant 2nd ID Type / Issuer	Exp. Date
E-Mail Address (optional)		By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.		

3. APPLICANT and CO-APPLICANT: We need your signature(s) below

I am providing the information in this application to GE Money Bank ("GEMB"), to CareCredit LLC, to participating professionals ("Participating Professionals") that accept the CareCredit Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to CareCredit LLC and to Participating Professionals and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
- GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the CareCredit Card Agreement ("Agreement") will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
- I consent to GEMB and any other owner or servicer of my account contacting me about my account, including using any contact information or cell phone numbers I provide (whether now or in the future), and I consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan.
- This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

If I have been pre-approved, I request that you open the type of account for which I was pre-approved. I have read the Prescreen Disclosure and Key Credit Terms on the next page and have been provided my credit line applicable to the account. **We reserve the right to refuse to open an account in your name if we determine that you no longer meet our credit criteria.**

Signature of Applicant X	Signature of Co-Applicant (If Applicable) X
(Please Do Not Print) _____	(Please Do Not Print) _____
Date _____	Date _____

182-077-00
Revision Date: 2/01/09
DATE OF PRINTING 12/08

PLEASE READ AND KEEP THE GE MONEY BANK KEY CREDIT TERMS
AND INITIAL CARDHOLDER DISCLOSURE STATEMENT BEFORE SIGNING THIS APPLICATION.

*ChaseHealthAdvance*SM
FINANCING OPTIONS

Payment plans for the care you need.

12, 18 & 24 MONTH NO INTEREST PLANS
EXTENDED PAYMENT PLANS





Credit Application

Veneto Dental Care
3600 Red Road Ste. 604
Miramar, FL 33025

Provider ID#: 45357

Phone: 954-430-7789

Fax: 954-430-6622

Please fill out all information completely. If you already have a Chase Health Advance Revolving Account or have questions please call (888) 519-6111

Applicant Information *(The primary applicant is the patient, or parent/guardian if patient is a minor)*

*First Name		*Middle Initial		*Last Name	
*Social Security # - -		*Date of Birth / /		Home Phone#:	
*Street Address (Include Apt.#)		*City		*State	*Zip
TOTAL GROSS MONTHLY HOUSEHOLD INCOME: \$ _____ Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other(Clarify): _____					
SOURCE OF INCOME: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Spouse <input type="checkbox"/> None <input type="checkbox"/> Other(Clarify): _____					
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Married Wisconsin Residents: If you are applying for an individual account or a joint account with someone who is not your spouse, combine your and your spouse's information on this application.					
Present Employer		Present Employer Phone #:		Present Occupation	
Personal Reference or Relative not living with you		Relationship		Telephone	

For Co-applicant use only (if applicable)

*First Name		*Middle Initial		*Last Name	
*Social Security # - -		*Date of Birth / /		Home Phone#:	
*Street Address (Include Apt.#)		*City		*State	*Zip
TOTAL GROSS MONTHLY HOUSEHOLD INCOME: \$ _____ Residential Status: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Live with others <input type="checkbox"/> Other(Clarify): _____					
SOURCE OF INCOME: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employed <input type="checkbox"/> Spouse <input type="checkbox"/> None <input type="checkbox"/> Other(Clarify): _____					
Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation. Married Wisconsin Residents: If you are applying for an individual account or a joint account with someone who is not your spouse, combine your and your spouse's information on this application.					
Present Employer		**Present Employer Phone #:		Present Occupation	
Personal Reference or Relative not living with you		Relationship		Telephone	

I hereby authorize Chase Bank USA, N.A. to obtain and use information about my credit history and all information on this Application, and I authorize the release of such information to Chase Bank USA, N.A. Each applicant certifies that he/she is 18 years of age or older (19 in NE, AL). By signing this Application, I authorize any doctor or other medical provider to release to Chase Bank USA, N.A. any information and records regarding my medical or dental procedures, treatments, devices, implants and other medical or dental services and products financed by means of the ChaseHealthAdvance Revolving Account (issued by Chase Bank USA, N.A.). We comply with Section 326 of the USA Patriot Act. This law mandates that we verify certain information about you while processing your Account application. Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth and the other information provided for this purpose. *This information is required to process your Application. The Provider (the seller of goods or services) is responsible for delivering to each applicant the ChaseHealthAdvance Revolving Account Agreement which sets forth your payment and other obligations relating to the financing of your procedures and/or purchases. **You agree that we may contact you about your account, including for customer service or collection at any address or telephone number as well as any cellular telephone number you provide us. **Ohio Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all credit-worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

Married Wisconsin Residents: We are required to ask you to provide the name and address of your spouse:

Name of Spouse _____ Address of spouse _____

APPLICANT Signature

Date

CO-APPLICANT Signature

Date

Fax this form to (888)519-6222 for processing