

Advance

DENTAL CARE

www.advancedentist.co.uk

Advance Dental Care
 188 Butcher Hill
 West Park
Leeds LS16 5BG
 Tel: 0113 275 1114
 0113 289 9296

all you need to smile...

SMILE CARE BEAUTY LIFT

PRACTICE NAME :		Advance Dental Care				CHRYSLIS NO. :		73791			
Treatment Cost £	Deposit £	Finance Required £	APR (rate)	Term (months)	Repayment £						
APPLICANT											
Title Mr/Mrs/Miss/Ms/Other	First Name			Middle Name			Surname				
Home Address				Post Town			Postcode				
Home Tel No.				Mobile No.							
e-mail address				Time at address		Years		Months			
Marital Status		Married		Partner		Single		Divorced		Widowed	
Date of birth		Date		Month		Year		No. of dependents			
Res. Status		Owner			Tenant (council/private)			Living with parents			
Employment Status		Empl.		S/empl.		Retired		Frequency of pay		e.g. Monthly	
Gross Annual Income		Up to £10,000	£10,001 to £15,000	£15,001 to £20,000	£20,001 to £25,000	£25,001 to £30,000	£30,001 to £35,000	£35,001 to £55,000	£55,001 +		
Employer				Occupation							
Employer Address							Time employed		Years	Months	
Postcode				Empl. Tel. No.			Extn.				
BANK DETAILS											
Cards Held		Mastercard		Visa		Switch		Other			
Account Holder Name						Sort Code		-			
Account Number				Time with bank				Years		Months	
PREVIOUS ADDRESS (IF AT PRESENT LESS THAN 3 YEARS)											
Address											
Post Town			Postcode			Time at address		Years		Months	
SIGNATURE											
						Date:					

Use of your information

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 its 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. Although these searches will be added to your record they will not be shared with others. 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. I authorize you to make payment direct to my dental practice as detailed above. I acknowledge that my dentist may be informed of any arrears and authorize my dentist to discuss any aspects of the transaction and related treatment with you.