APPLICATION FOR CREDIT

Tel: 1-888-689-9876 Fax: 1-888-689-9862 medicard.com

APPLICANT'S INFORMATION

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐	First Name & Initial(s):	Last Name:	Date of Birth: (DD/MM/YY)
Home Number:	Work Number:	Cell Number:	Email:
Present Address: Apt #: City: Prov.: Postal Code:			How Long At This Address?
Own ☐ Rent ☐ Parents ☐	Monthly Rent or Mortgage: $	Mortgage Lender:	Social Insurance # (Optional):	Driver's License # + Province (Optional in Québec):
Occupation:	Present Employer (Company Name):	Contact Name:	Employer's Phone Number:	Length of Employment:
Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Student ☐	Gross Monthly Income: $	Other Income (Specify): $
If Self Employed, State Name of Source of Income / Accountant:	Accountant's Phone Number:

CO-APPLICANT'S INFORMATION (If any)

Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐	First Name & Initial(s):	Last Name:	Date of Birth: (DD/MM/YY)
Home Number:	Work Number:	Cell Number:	Email:
Present Address: Apt #: City: Prov.: Postal Code:			How Long At This Address?
Own ☐ Rent ☐ Parents ☐	Monthly Rent or Mortgage: $	Mortgage Lender:	Social Insurance # (Optional):	Driver's License # + Province (Optional in Québec):
Occupation:	Present Employer (Company Name):	Contact Name:	Employer's Phone Number:	Length of Employment:
Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Student ☐	Gross Monthly Income: $	Other Income (Specify): $
If Self Employed, State Name of Source of Income / Accountant:	Accountant's Phone Number:

TERMS AND CONDITIONS

I/we understand that the above information (the "Collected Information") is being collected for the purpose of obtaining credit from Medicard, a division of iFinance Canada Inc. ("iFinance"), and is warranted to be true and complete. I/we hereby authorize and consent to the collection of the Collected Information and to the making by iFinance, its successors and assigns of whatever credit investigations and/or employment and income confirmations iFinance or its successors and assigns may deem appropriate from time to time, and to the disclosure, sharing or exchange of the Collected Information and any report or information based thereon for these purposes with credit reporting agencies, and amongst iFinance, its successors and assigns or any company with whom I/we have or propose to have a financial relationship.

SIGN WHERE INDICATED IF YOU ACCEPT THESE TERMS.

If approved, iFinance will contact Herzig Eye Institute.

X______________________________ Signature of Applicant

______________________________ Date

$ ______________ Amount of Financing Required

X______________________________ Signature of Co-Applicant (if applicable)

______________________________ Date

______________ Date of Procedure

Herzig Eye Institute
Tel. 416-929-2020

Please fax the completed application form to 1-888-689-9862 or scan and email it to info@ifinancecanada.com