



Ultimate Body Clinic

TO BE COMPLETED BY PRACTICE						
PRACTICE NAME				CHRYSLIS NO.		
CONTACT NAME				PHONE NO.		
Treatment Cost £	Deposit £	Finance Required £	APR (rate) 0%	Term (months) 10	Repayment £	Next Appt Date

TO BE COMPLETED BY APPLICANT						
Title Mr/Mrs/Miss/Ms/Other	First Name		Middle Name	Surname		
Home Address			Post Town			
			Post Code			
Home Tel No.			Mobile No.			
E-mail Address			Time at Address	Years	Months	
Previous addresses only required if less than 3 years at present address						
1 st Previous Address						
Post Town		Postcode		Time at address	Years	Months
2 nd Previous Address						
Post Town		Postcode		Time at address	Years	Months

PERSONAL DETAILS						
Date of Birth	Date	Month	Year	No. of dependents		
Res. Status (Please ✓)	Owner	Tenant Furnished	Tenant unfurnished	Living with parents		
Marital Status (Please ✓)	Married	Partner	Single	Divorced	Widowed	
Employment Status (Please ✓)	Employed	S/employed	Part-time	Retired	Student	
Present Occupation/ Role Held						
Frequency of Pay (Please ✓)	Monthly	Fortnightly	Weekly	Other		
Employer						
Employer Address				Time employed	Years	Months
Postcode			Employer Tel. No.			

BANK DETAILS						
Cards Held (Please ✓)	Mastercard	Visa	Switch	Other		
Sort Code	--	--	Account Number			
Time With Bank	Years	Months	Bank Name			
Branch			Account Holder Name			
Signature				Date		

Tel: 0870 118 20 23 Fax: 0870 118 20 24

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 it's 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.

DENTIST OFFICE USE ONLY			
<i>(Please note that a bank statement or utility bill needs to be dated within the last six weeks)</i>			
Address Identification Seen (Please ✓)	Bank Statement	Utility Bill	Driving Licence*
Address item date:			
* Driving Licence No. (Number only required for driving licence) :			
Signature Verification (Please ✓)	Credit Card	Debit Card	Driving Licence Passport
Signature Item No: (eg. Card no)		Signature Item date (eg. expiry):	

