

Total price of treatment	£	Practice Name	
Deposit	£	Practice Tel. No.	
Finance Required	£	Supplier No.	
Term	Mths	Practice contact name	
Interest (APR)	%	Purpose- select treatment or specify	Dental implant / Orthodontic /Crowns /Veneers / Whitening other (please specify)
Monthly Repayment	£		

Reference re proof of signature(credit/debit card no; driver's licence; passport)												
Reference re proof of address (bank or credit card statement; driver's licence; utility bill)												
1. Personal Details					2. Bank Details							
Title	Gender	M	F		Sort Code							
Forename					Account No.							
Other Initials					Time at Bank			Yrs	Mths			
Surname					No. of Credit Cards held							
Previous / Other Name					Debit Card held		Yes / No					
Date of Birth / /					Credit Card / Debit Card No.		1	2	3	4	5	6
					Only first 6 and last 4 digits required		13	14	15	16		
House Number / Name												
Street					3. Employment / Self Employment Details							
Town					Employed / Self-employed / Retired / House-person							
Postcode					NB If part-time then must work at least 16 hours per week							
Time at Address						Yrs		Mths	NB If house-person then please include husband's / partner's details below			
Home Tel. No.					Employer's / self-employed business name							
Mobile No.					Department / Branch / Type of Business							
					Job Title							
Email					Employer's / self-employed tel. no.							
Previous address details if less than 3 years at current address					Time with Employer / Self-Employed			Yrs		Mths		
House Number / Name												
Street					Employer's / self-employed business address							
Town					Number / Name / Street							
Postcode					Town							
Time at Address						Yrs		Mths	Postcode			
Marital Status – please circle		Married / Single / Divorced / Separated / Widowed/Living with Partner / Civil Partnership			Either circle gross annual income bracket		£0 - £7499	£7500 - £9999	£10000 - £12499	£12500 - £14999	£15000 - £19999	
No. of dependent children under 18							£20000 - £24999	£25000 - £29999	£30000 - £39999	£40000 - £49999	£50000+	
Residential Status – please circle		Living with Parents / Tenant Unfurnished / Tenant Furnished Owner Occupier – Mortgage held? Yes / No if yes, time mortgage held - years			Or provide gross annual income figure		£					
<p>Use of your information. We work with no more than two finance providers. In considering your application you authorise us to refer your application to third party finance providers and share information with Your healthcare provider as detailed in Your application. Within this paragraph all references to 'we' or 'us' will be deemed as including such finance and healthcare providers. We will use a credit scoring or other automated decision-making process when assessing your application. 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 organisations 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, authorise 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 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 organisations 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. 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 organisations 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. When we have processed your application, we will only retain and use your information in accordance with our Privacy Policy, which also confirms your Rights in accordance with the Data Protection Act and General Data Protection Regulation (GDPR). A copy of our Privacy Policy is available on our website, by emailing us at dentalfinance@financingfirst.co.uk , calling us on 03452 591091 or writing to us at The Oaks, 27 Applecroft, Park Street, St Albans, Herts. AL2 2AP. Each applicant warrants and certifies that all the details on this form are true. You authorise us to make payment direct to your healthcare provider as detailed in Your application. You acknowledge that your healthcare provider may be informed of any arrears and authorise your healthcare provider to discuss any aspects of the transaction and related treatment with us.</p>												
Signed by Applicant					Dated by Applicant							

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