

HORIZON QUICK CREDIT APPLICATION - WELLS FARGO ONLY

NOTICE: Whether or not married, you have the right to apply for credit separately from or jointly with your spouse or another person.

I apply for ☐ **INDIVIDUAL CREDIT** in my name only. ☐ **JOINT CREDIT** with my spouse or another person. If Applicant and Co-Applicant ***DO NOT HAVE*** the same last names or residence address, separate applications must be completed to accommodate individual credit histories.

Surgeon: _____

DRIVERS LIC. NO.	APPLICANTS SOC.SEC. NO.	APPLICANT LAST NAME		FIRST	MIDDLE INITIAL
CO-APP DRIVERS LIC. NO.	CO-APP SOC. SEC. NO.	CO-APPLICANT LAST NAME		FIRST	MIDDLE INITIAL
APPLICANT HOME ADDRESS STREET		CITY		STATE	ZIP
APPLICANT BIRTHDATE	NUMBER OF DEPENDENTS	HOME PHONE ()	RESIDENCE <input type="checkbox"/> OWN <input type="checkbox"/> RENT		YEARS AT RESIDENCE YR. MON.
EMPLOYER NAME AND ADDRESS		EMPLOYER PHONE ()	OCCUPATION	TIME AT JOB YR. MON.	GROSS. MO. SALARY
CO-APP BIRTHDATE	CO-APP EMPLOYER NAME AND ADDRESS	EMPLOYER PHONE ()	OCCUPATION	TIME AT JOB YR. MON.	GROSS. MO. SALARY
OTHER INCOME: YOU NEED NOT INCLUDE ALIMONY, CHILD SUPPORT SEPARATE MAINTENANCE IF YOU DO NOT WISH TO HAVE IT RELIED UPON FOR THIS APPLICATION. SOURCE: AMT:		MO. RENT/MORTGAGE PAYMENT	PURCHASE PRICE OF RESIDENCE	PRESENT VALUE OF RESIDENCE	FIRST MORTGAGE
AUTOMOBILE MAKE	YEAR	<input type="checkbox"/> PAID <input type="checkbox"/> FINANCED <input type="checkbox"/> LEASED	BANKING <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	BANK REFERENCE AND ADDRESS	
PERSONAL REFERENCE: (CLOSEST RELATIVE OR FRIEND) NAME AND ADDRESS					
AMOUNT REQUESTED	Terms of approval are subject to Doctor participation. I hereby authorize obtaining information regarding my credit history and the release of said information to Wells Fargo Bank _____ Signature Date				
I AM INTERESTED IN:	<input type="checkbox"/> 3 MONTHS SAME AS CASH <input type="checkbox"/> 6 MONTHS SAME AS CASH <input type="checkbox"/> 12 MONTHS SAME AS CASH				

PLEASE FAX COMPLETED FORM TO: 916-972-9652 FOR PROCESSING
OR MAIL TO: HORIZON VISION CENTERS, 651 FULTON AVENUE • SACRAMENTO, CA 95825

For questions regarding
your financing, call
916-972-9651