

ClearView Eye Clinic
2500 W. A St. Ste. 202
Moscow, ID 83843

Provider ID # 31881
Phone: 208-882-4662
Fax: 208-883-6557

Credit Application

Identification Information

ID Type: Drivers License State-Issued ID Passport

ID #: _____

Expiration Date: ____ / ____ / ____

Please fill out applicant information below as completely as possible. The applicant is the patient, parent/guardian if patient is a minor, or veterinary owner. All fields marked with an * are required to process your application. If you already have a ChaseHealthAdvance Revolving Account or have questions, please call 1-888-519-6111.

Personal & Contact Information

First Name* _____ Middle Initial _____ Last Name* _____

Social Security #* _____ Date of Birth* ____ / ____ / ____ Home Phone #* _____ Other Personal Phone # _____

Mailing Address (Including Apt #)*

City* _____ State* _____ Zip* _____ Email Address _____

Street Address (Including Apt #) *No PO Boxes*

City _____ State _____ Zip _____

Income & Employment Information

Gross Annual Income*: \$ _____

Alimony, child support, or separate maintenance need not be included if you do not wish to rely on it. Gross Annual Income is income that you are able to use for repaying your debts. Examples may include income earned from salaries, investments, rental properties, Social Security benefits and retirement accounts.

Source of Income: Employed Self Employed Retired Other: _____

Residential Status: Own Rent Live with others Other: _____

Monthly Rent/Mortgage Payment*: \$ _____

Present Employer _____ Present Employer Phone # _____

Personal Reference or Relative Not Living with You _____ Phone # _____

I certify that: I am at least 18 years of age (19 in AL and NE). I have read and agree to all terms, conditions, authorizations and disclosures printed in the Legal Terms and Conditions brochure; I agree that the information submitted is true and correct; I authorize the submission of this instant credit application; and I have been given a copy of the Revolving Account Agreement that will govern my account, if approved, and I acknowledge that I should read it before using my account. Please sign to indicate your acceptance of the terms.

Applicant Signature: _____ **Date:** _____