

ClearSight Center's Payment Plan Application

This application allows us to offer you our convenient, affordable payment plans. For your no cost, no obligation pre-approval, simply fill out this application and give it back to us. If you give us this completed application at the beginning of your exam, we will usually process it right away so that you can have your payment plan options by the end of the exam. If you would rather we not process this application until you are certain that you want to proceed with treatment, please let us know when you turn in the completed application. You are also welcome to take this application with you and mail or fax it back to us at (405) 721-1411.

PAYMENT PLAN OPTIONS:

Low Monthly Payments: Payments typically range from \$29 to \$99 per month. APRs are typically 9.9% but can be higher with terms from 24 to 60 months. Payment, APR and terms depend on the amount financed and finance company.

Plans with No Interest: With these plans you'll pay no interest if you make the minimum monthly payments (usually 1/30th of the amount financed) as scheduled and pay off your balance within the term chosen. Terms can be 3, 6, 12, 24, 36 or 48 months depending on the amount financed and finance company. For regular payments divide the amount financed by the term.

Guaranteed Approval: We offer "Guaranteed Approval" on our 12 month no interest plan. This may require a down payment and your agreement to pay by automatic draft from an established checking account. All other plans require approved credit.

INFORMATION ABOUT YOURSELF (Please Print) (NOTE: For the best payment plan options please fill out this form as completely as possible.)

Preferred Payment Plan: Lowest Payment (typically under \$100 per month) No Interest (typically under \$300 per month)

Check One: Run this application now so that I can know my options at the exam. Wait to run this until I decide that I want to go forward with LASIK

Full Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____

Social Security Number: _____-_____-_____

Home Telephone: (_____) _____

Current Street Address: _____

City, State and Zip: _____

Please check one: Do you Rent Own Neither Rent nor Own (e.g. Live with a friend, parent, other relative, etc. and so have no payment for lodging)

Employer: _____

Work Phone: (_____) _____

Total Pay from Employer: \$_____ This amount is: per Month or per Year

Total Household Income (from all sources): \$_____ This amount is: per Month or per Year (NOTE: If you are married, you may include your spouse's income here. ALSO: Alimony, child support or separate maintenance income need not be disclosed if you do not wish it considered as a basis of paying this obligation.)

Name of nearest relative not living with you: _____

Telephone number of nearest relative not living with you: (_____) _____

THE FOLLOWING INFORMATION IS REQUIRED ONLY IF YOU ARE APPLYING FOR A 0% NO INTEREST PAYMENT PLAN:

How long have you lived at your current address? Since (month/year): ____/____

If you own or are buying your home, what is the monthly mortgage payment? _____ The mortgage balance? _____ Current value? _____

If you are paying rent, what is your monthly rent payment? \$_____

Your job title or position: _____

Date you were hired by your current employer: _____

APPLICANT SIGNATURE REQUIRED BELOW

By signing below I am certifying that the information contained in this application is true and accurate to the best of my knowledge. I am also authorizing ClearSight Center, American General, CapitalOne, Care Credit, Unicorn, Universal Guardian, Wells Fargo and their assigned representatives to make whatever inquiries they deem necessary, including obtaining credit reports and verifying my credit, employment, and income references in connection with this application.

APPLICANT'S SIGNATURE

DATE