

## Before You Make Your Application

Lenders make their decisions on a case by case basis. However, if you can say 'YES' to the following this should minimise any queries.

- Are you over 18 and under 85?
- Can you provide a three year UK address history?
- Do you have a 'clean' credit history?
- Do you have means of income from which to afford repayment (salary, partner's salary, pension, etc)?

If you answer 'NO' to any of the above then please bring this to our attention.

## Making Your Application

The process is simple. To make an application please:

- Complete the Application Form in full. If you leave out any information it could delay or adversely affect the Lender's decision.
- Provide recent proof of address such as a utility bill, bank statement or a copy of your Driver's Licence.
- Provide a proof of signature such as a Driver's Licence (if not used as proof of address), Passport or Debit/Credit Card.
- Submit the Application Form, along with copies of proof of address and signature to the fax, email or address provided.

## What happens next?

Normally we will have a decision for you within 24 hours.

We will contact you to confirm this and then make arrangements for payment to be made direct to your practice enabling treatment to proceed with a minimum of delay.

Monthly payments will be made by direct debit commencing one month after payment is made to your practice.

Financing First Limited t/a Dental Finance, Company Number 4114714. Authorised and regulated by the Financial Conduct Authority as a credit broker (not a lender). Credit available to UK residents aged 18 and over. Credit subject to status. Credit is provided by a maximum of two credit providers with whom we have a commercial relationship.

[www.dentalfinance.co.uk](http://www.dentalfinance.co.uk)

## Patient Finance Application Form

We are pleased to be working with your Dental Practice in providing finance facilities enabling them to offer their patients the option of spreading the cost of their dental treatment.

Various repayment options are available and if you would like to discuss which would best suit your personal circumstances then please call us on **08452 591091\***.

Once you have decided which terms best suit you please complete and return the application form overleaf and return it to us by one of the following methods:

Fax: **08452 591091\* / 01727 874899**

Email: **dentalfinance@financingfirst.co.uk**

Post: **Dental Finance  
The Oaks  
27 Applecroft  
Park Street  
St. Albans  
AL2 2AP**

On the back page we have provided some useful information to assist you in considering and making your application.

If you have any queries regarding the application process please do not hesitate to call us.