

Dental Finance

Welcome to Dental Finance

We are pleased to be working with your practice in offering facilities to enable you to spread the cost of your treatment.

Attached is an application form.

If you are interested in spreading the cost simply complete the application and either hand it in to your practice or post, scan & email or fax it to us.

Fax: 08452 591091

Email: dentalfinance@financingfirst.co.uk

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

Please remember to provide the information about your dental practice.

We have provided some useful information opposite to assist you in considering and making your application.

What will happen next?

Following receipt of the application we aim to have an answer for you on a 'same day' basis. If the application has been received via your practice we will inform the practice. If it has been received direct from you we will let you know the answer and also inform the practice.

Following acceptance you will be asked to sign the credit agreement in respect of the finance following which you will have a fourteen day cooling off period in which you can change your mind. Upon expiry of the fourteen days arrangements will be made to make payment to your practice.

One month later (i. e. approximately six weeks after signing the credit agreement) your first direct debit will be due.

If you wish to change your direct debit date after this you will have the opportunity to do so.

Questions

Should you have any questions at any stage please telephone us on 08452 591091 and we will be pleased to assist.

Financing First Limited, Company Number 4114714, t/a Dental Finance, credit broker (not a lender).
Authorised and regulated by the Financial Conduct Authority. Credit available to UK residents aged 18 and over. Credit subject to status. *For repayment in excess of twelve months, representative example:
Treatment cost £1000, deposit NIL. Amount financed £1000. Payable by 24 monthly payments of £45.91.
Total amount payable £1,101.79. Interest charged £101.79. Representative APR 9.9%.

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.

1. Are you over 18 and under 85?
2. Can you provide a three year UK address history?
3. Do you have a 'clean' credit history?
4. 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

1. You will need to complete the Application in full. If you leave out any information it could delay or adversely affect the Lender's decision.
2. You will need to provide recent Proof of address such as a utility bill or bank statement or a copy of your Driver's Licence.
3. You will need to provide a Proof of Signature such as a Driver's Licence (if not used as proof of address), Passport or Debit/Credit Card.
4. The Application Form, along with copies of proof of address and signature, should be sent to the fax, email or address provided.

The Decision

Once received your application will be processed – there are three possible outcomes:

Accept - Your application has been approved and the finance agreement will be sent to the practice for you to sign when you next visit.

Decline - Your application has been unsuccessful. The lender will not discuss the reason for their decision with us but should you wish to find out why or appeal their decision let us know and we will send you their contact information.

Refer - Your application has been passed to an underwriter for closer review. This is standard procedure for higher value loans or high monthly instalments. The Lender may request copies of the last 3 months bank statement for the account you quoted on your application form to confirm affordability. We will contact you if these are required. Once the lender has assessed these they will then provide their final decision.

Dentalfinance

PLEASE USE BLACK INK

Total Price of Treatment	Practice	
Deposit to Practice	Practice Address	
Finance Required	Practice Tel. No.	
Term	Supplier No.	
Interest (APR) %	Branch No.	
Monthly Repayment £	Purpose- select treatment or specify if other	Implants/Veneers/Crowns/Orthodontic/Whitening/other-

Personal Details

Proof of Signature (credit or debit card/driver's licence/passport)
Please note reference details here -

Proof of Address (bank or credit card statement/utility bill/driver's licence)
Please note date/reference details here -

Title Mr Mrs Ms Miss Other (Please State)
Forename _____ **Other Initials** _____
Surname _____ **Date of Birth** _____
Previous/Other Name _____
House Number/Name _____
Street _____ **Town** _____
Post Code _____ **Time at Address** Yrs Mths
Home tel. No. _____ **Mobile tel. No.** _____
Email address. _____

Previous Address Details – if less than 3 years at current address

House Number/Name _____
Street _____ **Town** _____
Post Code _____ **Time at Address** Yrs Mths

Marital Status Single Married Widowed Separated Divorced
 Living with Partner Civil Partnership **No. dependents under 18** _____

Residential Status Tenant unfurnished Tenant furnished With parents
 Owner occupier - Mortgage held yes/no – if yes, time mortgage held _____ Years
 If applying for £9,000+ also provide Current outstanding Mortgage £ _____
 Year of Purchase _____ Purchase Price £ _____

Applicant's Bank Details

Bank Sort Code	Bank Account No.																				
Debit Card Held? Yes/No	Time with Bank Yrs Mths																				
No. Credit Cards Held?																					
Main Debit/Credit Card no. First 6 and last 4 digits:																					
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Employment or Self Employment Details

Employed Self Employed Retired House person
 If Part time must work at least 16 hours per week. If House person then provide Spouses employment details below

Employer's Name _____ **Tel. No.** _____
Time with Employer Yrs Mths **Job title** _____

Employers address or Self employment business address
Building no./name _____ **Branch/Dept.** _____
Street _____ **Post Code or Town** _____

Current Salary (please) £0- £7,499 £7,500-£9,999 £10,000 to £12,499
 £12,500 to £14,999 £15,000 to £19,999 £20,000 to £24,999
 £25,000 to £29,999 £30,000 to £39,999 £40,000 to £49,999
 £50,000 + **Or Provide Gross Annual Income £** _____

If Self Employed – Please provide the following information
Business Name _____ **Type of Business** _____
Business tel. No. _____ **Time Self employed** yrs mths

Signed by Applicant	Date
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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 within this paragraph all references to 'we' or 'us' will be deemed as including such finance providers. In considering your application we will search your record at credit reference agencies will add to your record the details of the search and your application and this will be seen by other organizations 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, authorize 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 use a credit scoring or other automated decision making process when assessing your application. 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 it's 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 organizations 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 organizations 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. Each applicant warrants and certifies that all the details on this form are true. You authorize us to make payment direct to your dental practice as detailed above. You acknowledge that your dentist may be informed of any arrears and authorize your dentist to discuss any aspects of the transaction and related treatment with us.

Email: Dentalfinance@financingfirst.co.uk or Fax: 08452 591091