



CONSUMER APPLICATION & AUTHORIZATION

I understand Visionary Alternatives, Inc. will be obtaining my credit report.

I **authorize** my creditors to release to VAI all information necessary to complete this report. I further understand that the use of photocopies or facsimiles of this form may be necessary to verify one or more of my credit references. I **authorize** the use and request that such a copy or facsimiles be honored fully.

First Name: _____ **Last Name:** _____

Address: _____

Phone #: _____ **Fax #:** _____

Social Security Number: _____

Bank Account #: Checking _____

Savings _____

Other Investments or Income: _____ (attach sheet if necessary)

Your Home: Own? _____ Rent? _____ **Monthly Payment \$** _____ **Market Value \$** _____

1st Mortgage Balance \$ _____ **2nd Mortgage Balance \$** _____

What you can afford to pay for treatment \$ _____

Applicant Signature: _____ **Date:** _____

Please print this form, fill out, and send it to the address below. Include a copy of your **last tax return, insurance information** and a photocopy of a **photo ID**. (Drivers license is acceptable)

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