

**M~LEND**  
Financial Services

Fax: 888-464-6231 Phone: 888-474-6231

Email: drgfinancial@yahoo.com

Amount requested	Referring Doctor	Surgery Date	Doctor phone ( )
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**APPLICANT**

First	Int.	Last	Birthdate	SS#		
Current Address	City	State	Zip	Home Phone ( )	How Long	Pay/mo.
( ) Own ( ) Rent ( ) Parents ( ) Other			( ) Checking ( ) Savings			
Previous Address (if current < 1 yr)	City	State	Zip	How Long		
Drivers License #	State Issued		Any Bankruptcies? ( ) Y/N Year:			
Employer	Position	Gross Mo Income	Phone: ( )	How Long		
Additional Income *	Source	Mother's Maiden Name				

**CO-APPLICANT**

First	Int.	Last	Birthdate	SS#		
Current Address	City	State	Zip	Home Phone ( )	How Long	Pay/mo.
( ) Own ( ) Rent ( ) Parents ( ) Other			( ) Checking ( ) Savings			
Drivers License #	State Issued		Any Bankruptcies? ( ) Y/N Year:			
Employer	Position	Gross Mo Income	Phone: ( )	How Long		
Additional Income *	Source	Mother's Maiden Name				

\* You do not have to disclose alimony, child support or other maintenance payments unless you want them considered for obtaining this loan.

**REPRESENTATIONS & SIGNATURES**

You represent that all information in this application is accurate, that you are competent to enter into contracts and that no bankruptcy proceeding is in progress or anticipated which involves you. We are not obligated to grant you credit and we may retain this application whether or not credit is granted. You authorize us to obtain information concerning your credit standing and other relevant information impacting on this application. Except otherwise prohibited by law, you consent that we (M~LEND Financial Services or its affiliated lenders) may share this information about you for the purposes of evaluating your application for credit.

Applicant's Signature	Date	Co-Applicant's Signature	Date
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