



Vision Fee Plan

Application may also be made by toll-free telephone 877-837-2272
EACH BLANK MUST BE COMPLETED CLEARLY AND IN FULL

Metropolitan Eye Clinic
Daniel Caplan, M.D.
Metairie, LA 70002

Date _____
Amount _____

Applicant Name: _____ Patient Name: _____

Address: _____
Street City State Zip

APPLICANT

Type of Treatment _____

Social Security Number: _____

Date of Birth _____

How long at present address _____

Home Phone _____

Own or Rent? _____ Jointly? _____

Monthly Rent / Mortgage Amount _____

Mortgage Holder: _____

CO-APPLICANT

Name: _____

Relationship to Applicant _____

SSN: _____ DOB: _____

Address: _____

How long at present address? _____

Home Phone: _____

Own or Rent? _____ Jointly? _____

Monthly Rent / Mortgage Amount _____

Mortgage Holder: _____

Complete this section if less than 2 years at present address

Previous Address _____

How long there? _____

Own or Rent? _____

Complete this section if less than 2 years at present address

Previous Address _____

How long there? _____

Own or Rent? _____

Employer _____

Address _____

Position _____ How long? _____

Gross Salary _____ per _____

Work Phone _____

Employer _____

Address _____

Position _____ How long? _____

Gross Salary _____ per _____

Work Phone _____

Complete this section if less than 2 years at present job

Previous Employer _____

Address _____

Position _____ How long? _____

Complete this section if less than 2 years at present job

Previous Employer _____

Address _____

Position _____ How long? _____

Other Income _____

Additional Income: _____

Other Income _____

Additional Income: _____

Nearest relative not living with you:

Name: _____

Address: _____

Relationship: _____

Please Fax to 508-875-8964

or mail to: VFP

150 Speen Street

Framingham, MA 01701

The applicant certifies that the information in this credit application is true and complete and made for the purpose of obtaining a loan. Vision Fee Plan (VFP) is authorized to verify the information disclosed and to perform a credit investigation. The applicant authorizes VFP to give credit information to any credit reporting service and to respond to credit inquiries. It is also agreed that the application shall remain the property of VFP whether or not the loan is granted. The loan proceeds may be paid as authorized by any applicant.

Date _____ Signature of Applicant _____

Date _____ Signature of Co-Applicant _____