

Isis Health Center, Inc. Credit Application

1. APPLICANT INFORMATION: Please tell us about yourself. Please Print.

| | | | |
|---|---|------------------------|--|
| Name (First-Middle-Last) | DOB | Social Security Number | Home Phone Number () |
| Mailing Address Zip | Apt. No. | City | State Cell Phone Number () |
| *If the above address is a PO Box, you must provide a street address for yourself | | | |
| Street Address Zip | Apt. No. | City | State No. Years at Current Address Alternate Phone No. () |
| If at Current Address Less than 2yrs, provide addresses for past 5 years | | | Dates at this Address |
| Street Address Zip | Apt. No. | City | State |
| Street Address Zip | | | Dates at this Address |
| Street Address Zip | | | Dates at this Address |
| Street Address Zip | | | Dates at this Address |
| Email Address <small>By providing an E-mail address, I consent to receive E-mail communications about my Account, offers and updates from Isis health Center, Inc.</small> | | | Nearest Relative's Name and Phone No. |
| Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | Monthly Net Income From All Sources <small>Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit</small> \$ _____ | | Employer Phone Number () |
| Employer Information Name State Zip | Street Address City | | Position/Title No. Years with current employer |

2. APPLICANT: We need your signature below

I am providing the information in this application to Isis Health Center, Inc., and asking Isis health Center, Inc. to extend credit to me. By applying for this account, I authorize and agree that:

- Isis Health Center, Inc. may make inquiries it considers necessary, including verification of employment, and requesting reports from consumer reporting agencies and other sources, in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the Isis Health Center Credit Agreement ("Agreement") will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants Isis Health Center, Inc. a security interest in the goods and services purchased on the account as permitted by law.
- This application and the Agreement are governed by federal law and California law (to the extent that state law applies).

Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

| | |
|------------------------|-------|
| Signature of Applicant | |
| X _____ | _____ |
| (Do Not Print) | Date |

Isis Health Center, Inc.

Credit Application (Co-Applicant)

1. CO-APPLICANT INFORMATION. Please Print.

| | | | | | |
|---|--|---|------------------------|---------------------------------------|---|
| Name (First-Middle-Last) | | DOB | Social Security Number | Home Phone Number () | |
| Mailing Address Zip | | Apt. No. | City | State | Cell Phone Number () |
| *If the above address is a PO Box, you must provide a street address for yourself Street Address Zip | | Apt. No. | City | State | No. Years at Current Address Alternate Phone No. () |
| If at Current Address Less than 2yrs, provide addresses for past 5 years: | | | | | Dates at this Address |
| Street Address Zip | | Apt. No. | City | State | |
| Street Address Zip | | Apt. No. | City | State | Dates at this Address |
| Street Address Zip | | Apt. No. | City | State | Dates at this Address |
| Street Address Zip | | Apt. No. | City | State | Dates at this Address |
| Email Address <small>By providing an E-mail address, I consent to receive E-mail communications about my Account, offers and updates from Isis health Center, Inc.</small> | | | | Nearest Relative's Name and Phone No. | |
| Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | | Monthly Net Income From All Sources <small>Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit</small> \$ _____ | | Employer Phone Number () | |
| Employer Information Name State Zip | | | Street Address City | | Position/Title No. Years with current employer |

2. CO-APPLICANT: We need your signature below

I am providing the information in this application to Isis Health Center, Inc., and asking Isis health Center, Inc. to extend credit to me. By applying for this account, I authorize and agree that:

- Isis Health Center, Inc. may make inquiries it considers necessary, including verification of employment, and requesting reports from consumer reporting agencies and other sources, in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the Isis Health Center Credit Agreement ("Agreement") will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants Isis Health Center, Inc. a security interest in the goods and services purchased on the account as permitted by law.
- This application and the Agreement are governed by federal law and California law (to the extent that state law applies).

Federal law requires us to obtain, verify and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

| | |
|---|---------------|
| Signature of Co-Applicant (If Applicable) | |
| X _____ (Do Not Print) | _____ Date |