



A Credit Funders™ Program

Offering more choices in fertility financing

Credit Funders helps make it easier for you to say “Yes” to your treatment plan!

This program provides financing for fertility with convenient terms and flexible financing options.

There are no annual fees.

There are low fixed monthly payments.

An interest installment loan program is available with a minimal of paperwork.

Quick turn-around times on approved loans with friendly customer service.



- Competitive low interest rates.
- Installment loan terms at 24, 36 or 48 months.
- Fast and confidential application process without any application fees.
- No penalty for early payoff.
- No increase in your annual percentage rate (APR) during the life of your loan.

Contact Information:

Credit Funders, Inc.
375 N. Stephanie Street, Suite 1411
Henderson, NV 89014

Phone: 800-690-2950
Fax: 800-690-2950

Website: www.CreditFunders.net
E-Mail: Info@CreditFunders.net

Hours of Operation:

8 AM - 6 PM, PST, Monday - Friday

**With excellent
customer satisfaction!**

Fertility Financing

High Approval Rates
Flexible Payment Options

- Apply in Minutes
- Fast Credit Decisions
- Low Monthly Payments

Credit Application

REQUESTED LOAN AMOUNT: \$ _____

Term (select one) 24 _____ 36 _____ 48 _____

PLEASE COMPLETE ALL FIELDS – INCOMPLETE APPLICATION WILL DELAY PROCESS

APPLICANT (Please Print)

*Email Address _____

Name (First Middle Last)		Date of Birth		Social Security No.	
Present Address	City	ST	Zip	Home Phone	
Previous Address (if less than 5 years at present address)	City	ST	Zip	Current Rent or Mortgage Payment	
Present Employer (if Retired, write RETIRED)	Work Phone	How Long? if Retired, How Long?		Monthly Income	
Employer Address	Supervisor	Yrs Mos Occupation or Job Title Now			
Previous Employer (if less than 5 years at present employer)	Previous Employer Phone	Supervisor		Other Monthly Income	
Name of Nearest Relative NOT Living With You	Relative's Phone	Relationship		Source of Other Income	

NOTE: Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

CO-APPLICANT (Please Print)

*Email Address _____

Name (First Middle Last)		Date of Birth		Social Security No.	
Present Address	City	ST	Zip	Home Phone	
Previous Address (if less than 5 years at present address)	City	ST	Zip	Current Rent or Mortgage Payment	
Present Employer (if Retired, write RETIRED)	Work Phone	How Long? if Retired, How Long?		Monthly Income	
Employer Address	Supervisor	Yrs Mos Occupation or Job Title Now			
Previous Employer (if less than 5 years at present employer)	Previous Employer Phone	Supervisor		Other Monthly Income	
Name of Nearest Relative NOT Living With You	Relative's Phone	Relationship		Source of Other Income	

NOTE: Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

NOTE: Complete this section ONLY if there is a co-applicant or if the applicant will rely on the income of a guarantor as a source of payment.

* By providing your email address you consent to receive electronic information such as notices of credit decisions, monthly billing statements and collection notices. You also acknowledge that we will use all contact information provided to contact you regarding your application, loan offer, account status or future offers. We may utilize electronic, mobile, SMS, traditional methods or any other means available.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. I hereby acknowledge that I have been informed of the name and address of the financial institution to which this transaction is being submitted. I FURTHER ACKNOWLEDGE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

AUTHORIZATION I certify that the above information stated in this application is true and correct and a complete statement of my financial condition. I understand that this application will be kept whether or not it is approved. You are authorized to share this application with other potential lenders. You and any potential or subsequent creditor are authorized to check my credit and employment history to answer questions about your credit experience with me and to disclose credit information to each other. I further understand that my application is being submitted to a lender(s).

Applicant Signature	Date	Co-Applicant Signature	Date
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MUST BE COMPLETED BY MERCHANT (To verify customer identity and address)

Borrowers Drivers License# / State ID#	State of Issuance	Expiration Date
C-Borrowers Drivers License# / State ID#	State of Issuance	Expiration Date
Merchant/Company Name	Merchant Phone #	Merchant Address

Referred by **Credit Funderstm, Inc.**

Total Retail Sales Amount: _____