

BLACK HILLS SURGICAL HOSPITAL, LLP - APPLICATION FOR CREDIT

Date: _____ Account #: _____ Amount of credit applied for: \$ _____

APPLICANT INFORMATION:

Name: _____		Date of Birth: _____
SSN: _____	Home Phone: _____	No. of Dependents: _____
Street Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City: _____	State: _____	Zip: _____

CO-APPLICANT INFORMATION:

Name: _____		Date of Birth: _____
SSN: _____	Home Phone: _____	No. of Dependents: _____
Street Address: _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
City: _____	State: _____	Zip: _____

Current Employer: _____	Phone Number: _____	Current Employer: _____	Phone Number: _____
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MONTHLY INCOME:

	APPLICANT	CO-APPLICANT
Wages from Employment	\$ _____	\$ _____
Pension or Retirement:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Unemployment or Worker's Compensation:	\$ _____	\$ _____
Alimony or Child Support:	\$ _____	\$ _____
Dividends, IRA, Annuities, Etc.:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
TOTAL INCOME FROM ALL SOURCES:	\$ _____	\$ _____

MONTHLY EXPENSES:

Rent or Mortgage Payment:	\$ _____
Food:	\$ _____
Utilities: Electric, Gas, Phone:	\$ _____
Clothing:	\$ _____
Car Payment(s):	\$ _____
Insurance: Auto, Home, Life, Medical:	\$ _____
Credit Accounts and Other Bills:	\$ _____
Alimony and/or Child Support:	\$ _____
Other Expense _____:	\$ _____
TOTAL MONTHLY EXPENSES:	\$ _____

ASSETS:

Cash (Checking, Savings, Cash on Hand): _____

Investments: _____ \$ _____ Value: \$ _____

Vehicle(s): Make/Model/Year: _____ Value: \$ _____
 Make/Model/Year: _____ Value: \$ _____

Home: Value: \$ _____ Equity: \$ _____

Other Real Estate: Value: \$ _____ Equity: \$ _____

Other Property (Boat, Snowmobile, Motorcycle, RV, etc.): _____

LIABILITIES (Credit Cards, Medical, Dental, Bank Loans, Etc.):

Name of Creditor	Unpaid Balance	Monthly Payment
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Everything I/we have stated in this application for credit is correct to the best of my/our knowledge. You are authorized to check my/our credit and employment history. You are authorized to request and receive credit information about me/us from any credit reporting agency or third party. I/we agree to the terms and conditions of this application.

X _____	X _____
APPLICANT'S SIGNATURE	CO-APPLICANT'S SIGNATURE
Date	Date