

Benefits at a Glance...

- Your loan is unsecured, no collateral is necessary and personal assets are not at risk.
- An affordable payment plan is established to fit your monthly budget.
- Credit can be extended over a longer period of time using the Financing Program.
- Competitive interest rates make your loan affordable.
- Excellent way to establish or reestablish good credit.
- Applications are easy to complete.
- First payment may be deferred up to 45 days.
- Payments can be automatically deducted from your checking or savings account.

It's Easy as 1 - 2 - 3

- Complete the attached application.
- Give the completed application to your Medical Provider.
- Upon approval, loan documents will be mailed to you for your signature.

Note: Upon receipt of your loan documents, funds will be disbursed to the Medical Provider.

Provider Use Only

Customer Name _____	Loan Amount _____
Patient Name _____	Monthly Payment _____
Patient Account No. _____	Term/How Long _____
Approved By _____	1st Payment Due _____
<input type="checkbox"/> New <input type="checkbox"/> Add	Date _____
	<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account

Provider Name:

Credit Application

Please complete both sides and return to your Medical Provider. All applicants must complete and sign.

Applicant

Individual Credit (no initials required) Joint Credit (both applicants' initials)

Please Initial: _____

Last Name _____ First Name _____ M.I. _____ Birthdate _____ S.S.# _____
 Present Address _____ City _____ State _____ ZIP _____
 Phone Number () _____ Cellular Number () _____ City _____ State _____ Years At Present Address _____
 Prior Address (if less than 3 yrs) _____
 Present Employer _____ Employer's Address _____ Bus. Phone () _____
 Position _____ Years _____ Salary/Month: Gross _____ Net _____
 Previous Employer _____ Employer's Address _____ Years _____
 Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding Amount per month \$ _____
 Sources of other income _____ Amount per month \$ _____
 Checking Account (where) _____ E-mail Address _____
 Name of Nearest Relative not Living with You _____ Relationship _____
 Address, City, State _____ Telephone Number () _____

Joint Applicant

Relationship to Applicant _____

Last Name _____ First Name _____ M.I. _____ Birthdate _____ S.S.# _____

Street Address, City, State _____ ZIP _____ Phone# () _____

Employer _____ Position _____ Years _____ Business Phone () _____

Salary Per Month: Gross _____ Net _____ E-mail Address _____

Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
 Alimony, child support, or separate maintenance received under: Court Order Written Agreement Oral Understanding Amount per month \$ _____

Sources of Other Income _____ Amount per month \$ _____

Name of Nearest Relative Not Living With You _____ Relationship _____ Phone# () _____

Important Information About Procedures For Opening a New Account: 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 certify that everything I have stated in this application and on any attachments is correct. The Bank may keep this application whether or not it is approved. By signing below, I authorize the Bank to verify my credit and employment history and to answer questions others may ask the Bank about my credit record with the Bank. I understand that I must update credit information at the Bank's request if my financial condition changes.

X _____ Date _____
 Applicant's Signature
 X _____ Date _____
 Signature of Joint Applicant

Union Bank Credit Application Addendum

Outstanding Debts (This section should be completed giving information about both the Primary Applicant and Joint Applicant or Other Person (if applicable))

Type of Obligation	Creditor	Name in which account is carried	Present Balance	Monthly Payment
Mortgage Holder or Rent				
Auto Loans				
Credit Cards				
Student Loans				
Other Installment Loans				

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable)

Are you obligated to make Alimony, Child Support, or Maintenance Payments? No Yes
 If yes, to (Name & Address) _____ Amt. per month \$ _____

Are you a co-maker, endorser, or guarantor on any loan or contract? No Yes
 If yes, for whom? _____ To whom? _____

Are there any unsatisfied judgments against you? No Yes
 If yes, to whom owed? _____ Amt. \$ _____

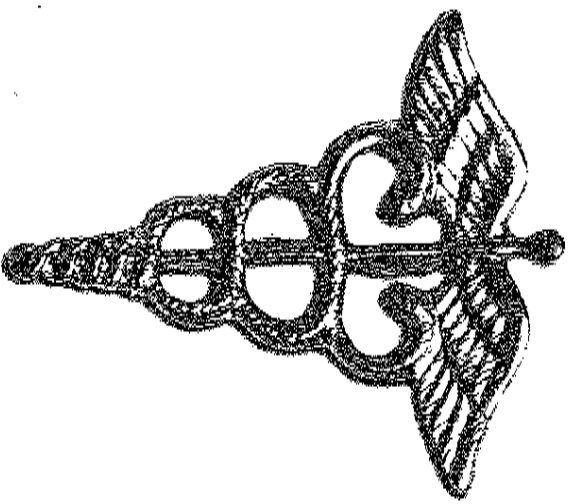
Have you declared bankruptcy in the last 10 years? No Yes
 If yes, where? _____ Year? _____

Lincoln, Omaha & Greater Nebraska Offices

- | | | | | |
|--------------------------|----------------------|------------------------|-------------------------|--------------|
| South Lincoln | 6001 Village Dr. | East Lincoln | 2840 S. 70th St. | Ainsworth |
| 3643 S. 48th St. | Inside Hy-Vee | 84th & Hwy. 2 | Inside Russ's Market | Auburn |
| (402) 323-1828 | (402) 323-1780 | 8501 Andematt Dr. | (402) 323-1181 | Crete |
| 6801 S. 27th St. | North Lincoln | (402) 323-1920 | Downtown Lincoln | David City |
| (402) 323-1799 | 1300 N. 48th St. | 70th & Pioneers | 1944 "O" St. | Fairbury |
| 4732 Calvert | (402) 323-1296 | 4243 Pioneer Woods Dr. | (402) 323-1205 | Grand Island |
| (402) 323-1828 | 5006 N. 27th St. | (402) 323-1950 | 121 S. 13th St. | McCook |
| 2201 Hwy. 2 | (402) 323-1606 | 6801 "O" St. | (402) 323-1670 | Paynee City |
| (402) 323-1219 | West Lincoln | (402) 323-1171 | Omaha | Seward |
| 4800 Normal Blvd. | 1550 S. Coddington | 8401 Lexington Ave. | 177th & West Center | Taylor |
| (402) 323-1223 | Inside Russ's Market | Near 84th & Holdredge | 2720 S. 177th St. | Valentine |
| | (402) 323-1500 | (402) 323-1490 | (402) 827-1999 | Wahoo |
| | | | | York |

Member FDIC 5009 BR326-1

Patient Account Financing Program



Easy approval
 Competitive rates
 Affordable payment plan.



You Belong Here