

Cosmetic Surgery Finance

When you have made up your mind to have surgery or a particular treatment, the last thing you want is to have to wait.

At SurgiCare Finance we focus solely on your individual treatment and care, and we know that for many patients getting help with finance can make all the difference. We are a specialist medical loans company and we are here to help you arrange affordable finance quickly and easily.

So you can have the treatment you want, at the time you want it.

Finance plans to suit individual circumstances

- Loan value from £500 up to 100% of treatment costs
- Competitive terms
- Choice of repayment periods
- Discreet personal service
- Friendly advisory team
- Confidentiality assured
- Decisions normally given within two hours
- Payment process

All loans are subject to status. Written details available on request.

SurgiCare Finance*

Go ahead and call SurgiCare Finance on

0800 62 22 22

Lines open 9am to 7pm Monday to Friday; 9am to 1pm Saturday

SurgiCare about the whole you





Clinic Name _____
Co-ordinator Name _____
Co-ordinator Email _____
Co-ordinator Tel Number _____
Amount Required £ _____ Term _____

APPLICATION FORM

YOUR DETAILS Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> First Name _____ Surname _____ Date of Birth _____ No of Dependants _____ Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Partner <input type="checkbox"/>	YOUR JOB Occupation _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Net Pay per month £ _____ Employers Name _____ _____ Employer's Address _____ _____ Telephone No. (inc STD code) _____ How long here Years <input type="checkbox"/> Months <input type="checkbox"/> Name & Address of Previous Employer (if less than 3 years or retired) _____ _____ _____ _____
YOUR HOME Private Address _____ _____ Postcode _____ How long here Years <input type="checkbox"/> Months <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> With Parents <input type="checkbox"/> Mortgage / Rent Payments per month £ _____ Mortgage Lender / Landlord's Name _____ _____ Home Telephone No. (inc STD code) _____ Mobile Telephone No. _____ Email Address _____ Best time to contact you _____	

USE OF PERSONAL INFORMATION <p>Information about you relating to this application will be held, processed and used by us for the following purpose: To assist us and/or other lenders to make credit decisions about you and/or other members of your household and for fraud prevention and/or customer tracing. To assist us in carrying out the above purpose we give or share the said information with: other companies within our Group, other equipment suppliers or service providers, insurers, assignees or other transferees, credit reference agencies, professional/non-professional bodies, clubs or entities of which you are a member of or associated to and any persons or entity on whose behalf we act or who acts on our behalf. By signing this application you consent to us holding, using and processing information about you in the manner and form described above. If you do not consent to this you should not sign this application.</p>	CUSTOMER'S DECLARATION <p>(a) The above particulars and any others given to you are true and correct (b) I authorise you to apply for any necessary references regarding my application. (c) I hereby authorise and request you contact me by telephone at my place of employment on matters relating to this transaction and I have provided you with telephone number(s) for use in this connection. I understand that this authority and request can be withdrawn at any time in writing.</p> Signature of Borrower _____ Date of signature _____
--	--