

**ASSOCIATES IN ORTHODONTICS, P.C.**

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(So. Burlington – 1-800-750-1000 or (802) 862-7569)

members AAO

Patient Name: \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_

Applicant(s) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_

Co-Applicant(s) Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant(s) Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

I, \_\_\_\_\_, hereby give my consent to have Associates in Orthodontics, P.C., and/or its assigned bureau obtain my credit report in connection with my application for credit.

In the event my application is approved, I also give my consent to have Associates in Orthodontics, P.C., and/or its assigned credit bureau obtain additional credit reports and other information after approval of my credit, both in connection with the same transaction or an extension of credit; to obtain credit reports and other information for other legitimate purposes associated with the account.

Applicant(s) Signature

Associates in Orthodontics, P.C.,

\_\_\_\_\_

\_\_\_\_\_

Witness

Co-Applicant

\_\_\_\_\_

Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_