



Lose Weight *for* Life.

# CIBO Credit Application

Fax application to: 416-447-5885

www.ciboclinic.com

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

## Please Tell Us About Yourself: Borrower 1)

MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	SIN
MS. <input type="checkbox"/>	MISS <input type="checkbox"/>				
ADDRESS			APT #	CITY	PROVINCE
					POSTAL CODE
YEARS THERE		HOME PHONE		CELL PHONE	BIRTH DATE (MM/DD/YYYY)
PREVIOUS ADDRESS			APT #	CITY	PROVINCE
					YEARS THERE
NEAREST RELATIVE (NOT LIVING WITH YOU)				PHONE	RELATION
PERSONAL REFERENCES (NOT LIVING WITH YOU)				PHONE	RELATION
1					
2					

## Please Tell Us About Your Job

EMPLOYER (FULL NAME)	POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE
WORK ADDRESS				
PREVIOUS EMPLOYER (FULL NAME)				
POSITION	BUSINESS PHONE	EXTENSION	YEARS THERE	

## Cosigner Information Borrower 2)

MR. <input type="checkbox"/>	MRS. <input type="checkbox"/>	FIRST NAME	MIDDLE INITIAL	LAST NAME	PHONE
MS. <input type="checkbox"/>	MISS <input type="checkbox"/>				
RELATIONSHIP TO YOU			SIN	BIRTH DATE (MM/DD/YYYY)	
ADDRESS			APT #	CITY	PROVINCE
					POSTAL CODE
EMPLOYER (FULL NAME)			POSITION	BUSINESS PHONE	EXTENSION
					YEARS THERE
PREVIOUS EMPLOYER (FULL NAME)			POSITION	BUSINESS PHONE	EXTENSION
					YEARS THERE

## Financial Information

YOUR GROSS YEARLY INCOME BORROWER 1)			GROSS YEARLY INCOME BORROWER 2)		
OWN OR RENT (BORROWER 1)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE	PROPERTY VALUE	MONTHLY PAYMENT	
OWN OR RENT (BORROWER 2)	LANDLORD OR MORTGAGE HOLDER	MORTGAGE BALANCE	PROPERTY VALUE	MONTHLY PAYMENT	
OTHER SOURCES OF INCOME NOT SHOWN ABOVE - DESCRIPTIONS (eg.. 2nd Job, Pensions, etc.) - BORROWER 1				OTHER INCOME AMOUNT (PER MONTH)	
OTHER SOURCES OF INCOME NOT SHOWN ABOVE - DESCRIPTIONS (eg.. 2nd Job, Pensions, etc.) - BORROWER 2				OTHER INCOME AMOUNT (PER MONTH)	

## Acknowledgement & Execution

The Borrower(s) hereby authorize the Canadian Institute of Bariatric Options Inc. (CIBO Clinic) and any of its representatives or partners to collect, use and disclose my personal information for the purposes of investigating and providing financial services. I have been informed by CIBO Clinic or its partners or representatives, that my personal information is collected, used and disclosed for the following purposes: (1) to collect credit and related information from me, from credit agencies, and from any parties listed herein, (2) to use the information collected to determine my financial situation, to provide financial services I have requested and to offer additional products and services of CIBO Clinic and any other representatives or partners that may be of benefit to me, (3) to share the information with assignees, bankers or funding partners of CIBO Clinic, (4) to share the information collected and any information on my commercial dealings with CIBO Clinic with credit agencies or other financial institutions. Further, I specifically acknowledge that CIBO Clinic may assign this agreement and any related agreements in whole or in part from time to time and I agree that any personal information collected in relation to this agreement may be made available to any such proposed assignee.

**X** \_\_\_\_\_  
Borrower (1) Signature

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

**X** \_\_\_\_\_  
Borrower (2) Signature

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

### FOR INTERNAL USE ONLY

APPLICATION NUMBER

REVIEWED BY: