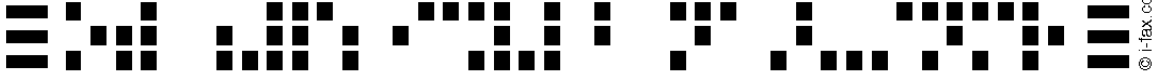




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FINANCING APPLICANT INFORMATION

First Name	Last Name	Home Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Phone	Mobile Phone	City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	Home Ownership		Monthly Rent / Mortgage	
<input type="text"/>	<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="text"/> \$	

IDENTITY INFORMATION

Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>
USA Government Issued ID	
<input type="checkbox"/> Driver License	<input type="checkbox"/> Other Govt. Issued ID
ID Number	
<input type="text"/>	
Issuing State	Expiration Date (MM/YYYY)
<input type="text"/>	<input type="text"/>

INCOME AND EMPLOYMENT INFORMATION

Employer Name OR Source of Income	Time Employed
<input type="text"/>	<input type="text"/>
Employer Phone	Employer City / State
<input type="text"/>	<input type="text"/>
Position	Monthly Income
<input type="text"/>	<input type="text"/> \$
Other Household Income	Source of Other Income
<input type="text"/> \$	<input type="text"/>

PAYMENT INFORMATION

SimplePay recommends using a debit card, but also accepts voided checks for direct debit from checking accounts.

Name on Debit Card	Debit Card Number	Expiration Date (MM/YY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL REFERENCE

Reference Name	Reference Phone Number
<input type="text"/>	<input type="text"/>

PATIENT INFORMATION (if different than the applicant)

Patient First Name	Patient Last Name
<input type="text"/>	<input type="text"/>



PAYMENT REMINDERS

YES, send text reminders to my mobile phone

Certification

Acknowledgement of Terms of Service

By signing here, Applicant acknowledges that he or she has read the attached page "SimplePay Patient Terms of Service" in its entirety and agrees to be bound by it. Furthermore, Applicant affirms that all information provided is true and accurate to the best of Applicant's knowledge.

Signature

Date

Return Form by Fax: (800) 757-6104

OR by Email: Enroll@SimplePayApp.com

This section to be completed by the Doctor's Office

SP010704 Pediatric Dental Assistant School

Treatment Plan Total	=	\$	<input type="text"/>
Down Payment	-	\$	<input type="text"/> +39 Application Fee
Financed Balance	=	\$	<input type="text"/>
Payment Term	÷		<input type="text"/> Months
Monthly Payment	=	\$	<input type="text"/> + \$4 Transaction Fee
Monthly Withdrawal Date			<input type="text"/>

General Concepts

I. Parties. The following is an agreement between Simple Payments Corp. ("SimplePay") and you, a person seeking medical or dental treatment through patient financing ("Patient" or "You").

II. Patient Financing Plan. SimplePay has created a patient financing plan to make the business of paying for medical and dental treatments simpler and easier for Patient. If you feel particular financial constraint at any given moment in time, the first step is to reach out to SimplePay to see how we might better assist you.

III. Provider. This is defined as the person, entity, or company providing medical or dental services for Patient who is financed by SimplePay.

Payment Structure

I. Enrollment Fee. Immediately upon enrolling in any SimplePay financing program, Patient will be charged a \$39 Enrollment Fee. This fee is non-refundable.

II. Down Payment. Immediately upon enrolling in any SimplePay financing program, Patient will be charged a specified amount for a Down Payment.

III. Contingent Enrollment. Enrollment in any SimplePay financing program is contingent upon successful debit of both the Enrollment Fee and Patient's Down Payment.

IV. Transaction Fee. Depending on the repayment plan chosen, you will owe a monthly payment for a specified period of time. You will be charged a monthly transaction-based fee of \$4 every time SimplePay debits a payment from your account. This is not an interest payment and is non-refundable and non-transferable. It will not be charged if Patient has no outstanding balance.

Late Payments, Fees and Recovery

I. Prepayment. There is no penalty for prepayment or subsequent transaction fees once the full balance has been paid.

II. Payment Declined Fee. Patient will be charged an additional \$25 whenever a payment is declined for insufficient funds or any other reason.

III. Late Fee. If Patient fails to make a payment within 7 days of when it is due without making alternative arrangements with SimplePay, Patient will be charged an additional \$15 for each instance of late payment.

IV. Collections Fee. If Patient fails to make a payment within 45 days of when it is due without making alternative arrangements with SimplePay, Patient will be charged an additional 15% collections fee. Patient will be charged an additional 25% collections fee (of balance owed) added at 90 days or the maximum amount allowable under applicable state and federal law.

V. Attorneys Fees. If Patient fails to make a payment within 90 days of when it is due without making alternative arrangements with SimplePay, Patient will be responsible for paying for all of SimplePay's reasonable attorneys' fees required to collect all outstanding amounts from Patient.

Termination and Cancellation

I. Termination. Only Provider may cancel the payment plan. Once enrolled in the program, Patient is responsible for making all payments in accordance with the other provisions of this Agreement.

II. Refunds. SimplePay will not provide any refunds or return money once it has approved a Patient. Any decision to refund money must be made by Provider. SimplePay's fees are non-refundable.

Additional Provisions

I. Means of Communication. By signing this Agreement, you consent to receive communications from SimplePay by phone or email. You may also opt in to receive text messages.

II. Assignability. SimplePay may assign this Agreement to another party at any time. Patient's responsibilities are non-transferable and non-assignable absent written consent from SimplePay.

III. Credit Check. SimplePay will not check your credit as part of this agreement.

IV. Credit Reporting. SimplePay may report payment activities to credit bureaus as a non-debt recurring payment to help Patient build credit. SimplePay may also report defaulted debt to credit bureaus after payment is 45 days or more past due.

V. Governing Law. This Agreement shall be governed in all respects by the laws of the state of Colorado.

VI. Severability. If one or more provisions of this Agreement are held to be unenforceable under applicable law, the parties agree to renegotiate such provision in good faith. In the event that the parties cannot reach a mutually agreeable and enforceable replacement for such provision, then (a) such provision shall be excluded from this Agreement, (b) the balance of the Agreement shall be interpreted as if such provision were so excluded and (c) the balance of the Agreement shall be enforceable in accordance with its terms.