

Applicant's and Co-Applicant's General Information

Provider Name		Contact Name		Phone Number	
First Name		Middle Initial	Last Name		
Street Address					Apt/Unit
City		State	Zip	Date of Birth	
Email Address *			SSN (Social Security Number)		
Home Phone		Cell Phone			
Employer Name					
Work Phone		Annual Income **		How Long with Current Employer? Yrs _____ Months _____	
Co-Signer's Information					
First Name		Middle Initial	Last Name		
Street Address					Apt/Unit
City		State	Zip	Date of Birth	
Email Address			SSN (Social Security Number)		
Home Phone		Cell Phone			
Employer Name					
Work Phone		Annual Income **		How Long with Current Employer? Yrs _____ Months _____	
Repayment Method					
<input type="checkbox"/> Bank Account Withdraw	Routing Number		Account Number		Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Checking
Personal References (not living with you)					
First Name		Last Name			
Phone Number		Relationship			
First Name		Last Name			
Phone Number		Relationship			

Please Read the Terms and Disclosures Below

By accepting the agreement you are authorizing Clark Custom Educational Loans, Inc. d.b.a. Clark Behavioral Health Financing (hereafter referred to as "Clark") to check my credit references and to obtain and use consumer reports (i.e. credit reports) on my credit history in connection with my Loan Application and in connection with any update, renewal or extension of credit for which I have applied. If I request, I will (delete) be informed whether or not consumer reports are obtained, as well as the names and addresses of the consumer reporting agencies (i.e. credit bureaus) that furnish the reports. I further authorize Clark to provide information regarding the status of my transaction to the Facility identified. I authorize that Facility to release to Clark, the lending institution, its agents, subsequent holder of the loan and its agents, any requested information pertinent to this Loan Application, including but not limited to, employment, enrollment status and my current address. I agree to refer to my Promissory Note for notices to California, Ohio and Wisconsin residents. Even if I have elected to opt out of information sharing or do so in the future, I understand and agree that this consent authorizes Clark to share my information for purposes of processing this Loan Application and servicing any resulting loan. I have completed this Loan Application to obtain credit and, by signing above, certify that the above statements are true and complete.

Signature _____ Date _____



*It's not just about financing,
it's about helping people and their families*

Disclosure and Authorization to Share Information

By signing below, I/we authorize and appoint **Clark Custom Educational Loans Inc.** d.b.a. **Clark Behavioral Health Financing** (the "Loan Advisor") as my agent and attorney-in-fact for the purposes of securing financing. Pursuant to this appointment I/we hereby empower and authorize the Loan Advisor to:

(1) Directly and/or indirectly provide any and all financial or other information about me, including (but not limited to) information that is considered to be non-public personal information under Title V of the Gramm-Leach-Bliley Act of 1999 (15 U.S.C. § 6801 et seq.) and its implementing regulations, or any information otherwise treated as personal and confidential information under other applicable law (collectively, the "Personal Information") to any bank, credit union, financial services company, or other lender (individually and collectively, the "Lender") to whom either the Loan Advisor, on my/our behalf, or I may submit an application for a Medical Loan; and (2) Directly and/or indirectly receive Personal Information about me from the Lender.

By signing this authorization, I/we also agree to release and to indemnify, defend, and hold harmless the Lender from any responsibility or liability for any claims, demands, and/or damages (including reasonable attorneys' fees and expenses) directly or indirectly related to or arising from the Loan Advisor providing or receiving Personal Information to or from the Lender. I/we understand that any dispute regarding the nature of the Personal Information provided and/or received by the Loan Advisor is solely between me/us and the Loan Advisor. I also understand and agree that the Lender may rely on this authorization, and shall gain the benefit of its protection and terms, until I/we inform such parties in writing that it is revoked.

The Loan Advisor will disclose all fees, charges and origination fees before loan processing begins. I/we also understand that if our loan is denied, terminated, or canceled by me or the lender before the loan closes we are not responsible for paying the processing fee. We have been advised that refunds can not be given after 24 hours of our loan closure.

IN WITNESS WHEREOF, I/we have hereunto signed my/our name(s) this _____ day of _____, 20____.

Borrower 1:

Borrower 2:

Printed Name:

Printed Name:

Signature:

Signature:
