



# Citi<sup>®</sup> Health Card Credit Application



Say "YES!" to care.  
Apply today.



## The Citi<sup>®</sup> Health Card comes with these great benefits:

- Up to 100% financing
- Low monthly payments
- No application fees  
or down payments



The Citi Health Card is accepted at a variety of health care provider offices including dental, orthodontic, veterinary, vision, hearing and more!

* FIRST NAME	* LAST NAME	MIDDLE INITIAL	SUFFIX
<b>OPTIONAL: AUTHORIZED BUYER INFORMATION (must be at least 18 years of age).</b>			
* FIRST NAME	* LAST NAME	MIDDLE INITIAL	
<b>PLEASE SIGN BELOW</b>			
Your application is for a Citi Health Credit Card account ("Citi Health Card") which can be used for purchases made at participating Citi Health providers.			
By signing below, I certify that I have read and agree to the Credit Card Disclosures, Terms and Conditions of the Offer and the Card Agreement, all of which are attached.			
X _____			
* APPLICANT'S SIGNATURE			* DATE

**Provider Use Only:** Identification requires a valid driver's license and/or government issued photo ID

Merchant Number	Employee Name	Sale Amount	Auth Code	<input type="checkbox"/> Does not qualify for immediate credit decision																
ID Type /ID # /State of Issuance			ID #2. Indicate Type																	
Account#/ Pending#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Report Code	<input type="checkbox"/>	<input type="checkbox"/>

**Provider Copy**

402CHP-S Rev. 10/13

**Patient Copy**

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<b>PERSONAL INFORMATION</b>			
* DATE OF BIRTH		* SOCIAL SECURITY NUMBER	
* HOME ADDRESS (No P.O. Box)		* CITY	* STATE * ZIP
* PRIMARY PHONE If you have entered a cell phone number, or another number that you later convert to a cell phone number, you agree that we may contact you at this number. You also agree to receive calls and messages such as, pre-recorded messages, calls and messages from automated dialing systems, or text messages. Normal cell phone charges may apply. (       )		BUSINESS PHONE (       )	
<b>FINANCIAL INFORMATION</b>			
<b>Information you supply about your salary/wages, other income and housing payment is important to us in considering your ability to make payments on the account.</b>			
* RESIDENCE STATUS <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		* MONTHLY MORTGAGE OR RENT PAYMENT \$	
* ANNUAL SALARY AND WAGES <sup>†</sup> \$ _____		OTHER ANNUAL INCOME <sup>†</sup> Examples: interest, dividends, rental income, retirement benefits. \$ _____	
If you are 21 or older, you may include income from others that you can reasonably access to pay your bills. <sup>†</sup> Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.			
EMAIL ADDRESS If you provide your email address, Citibank, N.A. may use it to contact you about your account and tell you about useful products and services.			
*Required fields			