



HEALTH ONE FINANCIAL VISA® CREDIT CARD APPLICATION.

Choose one: Individual Account* Joint Account

CWP SC 80094 PC 1391 LC 7536

1. Applicant Information

First Name Middle Initial Last Name

Date of Birth Social Security # Home Phone Number

Cellular Phone Number E-mail Address

Address (no P.O Boxes allowed)

City State ZIP Code

2. Co-Applicant Information

First Name Middle Initial Last Name

Date of Birth Social Security # Home Phone Number

Cellular Phone Number E-mail Address

Address (no P.O Boxes allowed)

City State ZIP Code

*A married Wisconsin resident applying for an individual account in his/her own name must complete the required spousal information in the co-applicant section. The Issuer may give notice of the opening of any credit account to the applicant's spouse. If you reside in a community property state, such as AZ, CA, ID, LA, NM, NV, TX, WA or WI the assets of your marital community will be liable in this account even if you apply for a separate account and this application is not signed by your spouse (unless you attach a statement that you wish to apply for a separate account based solely on your separate assets). If you reside in a community property state, credit extended under this account will be incurred for a community benefit.

3. Financial Information

Current Employer Phone Number

How Long? Years Months Applicant's Annual Income**

Own Home Rent Other Monthly Mortgage/Rental Amount

Co-Applicant's Annual Income** Check your financial relationships:
 Checking Savings Money Market /Investments

Annual Amount of Other Income** Type of Other Income and Source

** Income from alimony, child support or maintenance payments does not have to be disclosed unless you want is considered for the purpose of repaying this obligation.

IMPORTANT INFORMATION ABOUT OPENING A NEWACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address (P.O. Boxes are not allowed under Federal law), date of birth and other information (including your Social Security Number or Tax Payer Identification Number) that allows us to identify you. We may ask to see your driver's license or other identifying documents when appropriate.

4. Signatures

I understand that Elan Financial Services as creditor and issuer ("Issuer") will rely on the information provided here in making its credit decision, and certify that such information is accurate and complete to the best of my knowledge. If Issuer opens an account based on this application, I will be individually liable if this is an individual Account or individually and jointly liable if this is a joint Account for all authorized charges and for all fees referred to in the most recent Cardmember Agreement, which may be amended from time to time. I authorize Issuer, in determining my eligibility for credit, renewal of credit, and future credit extensions, to verify my employment and income and all other information I have provided, and obtain information about me, including my residence address, from other creditors, credit bureaus, employers, third parties, and federal and state records, including any state motor vehicle department, and waive any rights of confidentiality I may have in that information under applicable law. By signing this application, I authorize Issuer to provide Health One with my credit decision and notify Health One when I activate my card for the limited purpose of performing provider services. I also certify that I read and understood the disclosures here and agree to the terms of this application.

X Signature of Applicant

X Signature of Co-Applicant

Health One - Provider Information

Health One Provider ID

Provider Name

Requested Financing Amount

IMPORTANT NOTE: I understand I will be accessed a one-time Program Fee of \$49 or 4% of the procedure amount, up to a maximum of \$149, payable to Health One Financial for securing this financing option. I understand this Program Fee may be billed to this Health One Visa Card. No additional fees will be assessed for future expenditures on this card.

FAX to: 1-888-748-3625

Summary of Visa Card Account Terms	
Annual Membership Fee	\$0 the first year and every year that you charge at least one purchase to the account. Otherwise \$20.
Annual Percentage Rate (APR) for Purchases	0%* for the first 6 months, variable thereafter: 10.24% to 19.24% ¹¹
Other APRs	0%* for the first 6 months on balance transfers, variable thereafter: 10.24% to 19.24% ¹¹ 21.24% variable for cash advances 27.24%** variable for delinquency rate
Variable Rate Information	Your Annual Percentage Rate may vary monthly. The rate will be determined by adding a Margin to the Prime Rate.*** The Margin used is as follows: 3.99% to 12.99% for purchases and balance transfers 14.99% for cash advances (subject to a minimum APR of 19.99%) 20.99% for delinquency rate (subject to a minimum APR of 23.99%)
Grace Period	You have 20-25 days to repay your balances for purchases before being charged a finance charge.
Method of Computing the Balance for Purchases	Average Daily Balance Method (including new purchases)
Minimum or Fixed Finance Charge	•\$2.00 (only in statement periods in which interest is due). •Account management fee: \$2.50 per month if you voluntarily close your account with a balance.
Other Fees	•Cash advance fee: 4% of transaction amount, \$5 minimum. •Balance transfer fee: No fee for 6 months, thereafter balance transfer fee: 3% of transaction amount, \$5 minimum. Convenience check advance fee: 3% of transaction amount, \$5 minimum. •Cash equivalent fee: 4% of transaction amount, \$10 minimum. •Foreign transaction fee: 3% of the transaction amount in U.S. Dollars. •Late payment fee: balance of \$0 - \$99.99 - \$15 balance of \$100 - \$999.99 - \$29 balance of \$1,000 and up - \$39 •Overlimit fee: \$35 • Program Fee: one-time fee of \$49 or 4% of procedure amount, (\$149 maximum)

THIS INFORMATION IS ACCURATE AS OF 7/1/05 AND MAY CHANGE. TO FIND OUT WHAT MAY HAVE CHANGED, CALL US AT 1-800-558-3424.

¹¹ Upon account opening, your APR will be dependent upon your credit history. We may increase your APR if you fail to make timely payments to another creditor. All account terms are governed by the credit card agreement sent with the card. Account and Agreement terms are not guaranteed for any period of time. Issuer may change all terms, including APRs and Fees in accordance with the Agreement and applicable law.

*The account must remain open and current (no minimum payment past due) to receive the introductory APR. If the minimum payment is not received by the Payment Due Date, you exceed your credit limit, close your account, or your payment is returned for any reason, the introductory APR will increase to the APR for purchases that would otherwise apply. If your payment is not received by the Payment Due Date, your introductory APR may increase to the Delinquency Rate APR. We will allocate your payments to balances with lower APRs before balances with higher APRs.

**The increased APR will apply to all balances in the event the account is 30 days past due once or 5 days past due twice in any twelve (12) month period OR may apply if your account is overlimit two times in twelve consecutive months.

***The Prime Rate used to calculate the APR is a variable rate that is adjusted monthly based on the highest Prime Rate published in the "Money Rates" column of *The Wall Street Journal*, in the last 90 days, currently 6.25%.

Notice to California Residents: A married applicant may apply for a separate account in his/her own name.

Notice to Married Wisconsin Residents: No provision of any marital property agreement, unilateral statement under section 766.59 of the Wisconsin statutes or court decree under section 766.70, adversely affects the interest of Elan Financial Services ("Issuer") unless the Issuer, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, decree or court order, or has actual knowledge of the adverse provisions. IF YOU ARE A MARRIED WISCONSIN RESIDENT, CREDIT EXTENDED UNDER THIS ACCOUNT WILL BE INCURRED IN THE INTEREST OF YOUR MARRIAGE OR FAMILY.

Notice to New York Residents: New York residents may contact the New York State Banking Department to obtain a comparative listing of all credit card rates, fees and grace periods.

Notice to Ohio Residents: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.