

ORTHOBANC, LLC CREDIT AUTHORIZATION

I hereby authorize OrthoBanc, LLC, on behalf of Dr. John Murdock
to obtain a copy of my credit report from a credit reporting agency for the purpose of considering
payment options.

PLEASE PRINT

Responsible Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Email _____

Social Security Number _____ Date of Birth _____

JOINT APPLICANT

If applying for joint credit, please supply the following information on your spouse.

Full Name _____
First Middle Last

Address _____

City _____ State _____ Zip _____

Home # _____ Work # _____ Email _____

Social Security Number _____ Date of Birth _____

PATIENT INFORMATION

Patient Name _____
First Middle Last

Responsible Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Required if joint

OID: of00002603