

# United Commerce

B A N K

United Commerce B A N K is pleased to offer a payment plan for your blepharoplasty procedure. You can forward you application directly to United Commerce B A N K or **The Eye Center of Southern Indiana** will be happy to forward your application to us and we will contact you before the next business day concludes. Thank you for applying with United Commerce B A N K. If there are any questions, please call Debra Bruner at (812) 330-5556.

## Sample Payment Options

Proposed Loan Amount	Term	Interest Rate *	Loan Fee	APR	Payment **
One Lid - \$2,200.00	36 mos.	9.90%	50.00	11.58	<b>72.64</b>
Two Lids - \$4,400.00	36 mos.	9.90%	50.00	10.81	<b>143.66</b>
Three Lids - \$6,600.00	48 mos.	9.90%	50.00	10.44	<b>168.78</b>
Four Lids - \$8,800.00	48 mos.	9.90%	50.00	10.34	<b>224.61</b>

*Interest rates are subject to change. Normal credit qualifications apply. This is a simple interest rate loan with no prepayment penalty. \*.25% interest rate discount is available to customers if payments are automatically deducted from a United Commerce Bank deposit account. \*\*Payment protection insurance is available through additional purchase of an AUL credit life and disability policy. Loan Fee is waived if payments are automatically withdrawn from a United Commerce B A N K deposit account.*

<b>Consumer Loan Application</b>	<b>Requested Loan Amount: \$</b>	
<b>Applicant:</b>	SSN:    -    -	Birthdate: / /
Address:	Home Ph:	Work Ph:
Employer:	Length of Employment:	
Position/Title:	Gross Income:	
<b>Co-Applicant (if applicable):</b>	SSN:    -    -	Birthdate: / /
Address:	Home Ph:	Work Ph:
Employer:	Length of Employment:	
Position/Title:	Gross Income:	
Signatures — I (we) certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.		
<b>Applicant:</b>	<b>Co-Applicant:</b>	

211 South College Avenue ~ P. O. Box 1089 ~ Bloomington, IN 47402 ~ (812) 336-2265 ~ Fax: (812) 330-5500

[www.unitedcommercebank.com](http://www.unitedcommercebank.com)