



The GreenSky Patient Solutions[™] Program

How to Apply Online

Effective January 2018

V.5



Online Application Screen 1

www.greensky.com/provider/providername

Our Products

The Program offers flexible payment plans to fit any budget. You can use the tool below to estimate the potential payments for each plan offered by your medical provider. Then, click to apply!

Estimated Total Purchases*

\$5,500

Estimate

*Pick an amount that equals the total purchases you plan to make. If approved, you may make purchases during the purchase window up to the credit limit that we set for your account. Purchase windows vary by plan. The Payment Estimator assumes that you will spend your full credit limit immediately following approval. Changing the amount or timing of purchases will change the actual payments required.

This number will
default to your
average ticket size

Online App Screen 2

- Patient Views Available Plans

Estimated Total Purchases*

\$5,500

Estimate

*Pick an amount that equals the total purchases you plan to make. If approved, you may make purchases during the purchase window up to the credit limit that we set for your account. Purchase windows vary by plan. The Payment Estimator assumes that you will spend your full credit limit immediately following approval. Changing the amount or timing of purchases will change the actual payments required.

FIXED APR OF 14.9% FOR 24 MONTHS!

FIXED APR OF 14.9% FOR 36 MONTHS!

FIXED APR OF 14.9% FOR 48 MONTHS!

FIXED APR OF 14.9% FOR 60 MONTHS!

NO INTEREST IF PAID IN FULL IN 6 MONTHS!⁶

NO INTEREST IF PAID IN FULL IN 18 MONTHS!⁸

NO INTEREST IF PAID IN FULL IN 24 MONTHS!¹⁰

The estimator will display only those plans you want to offer based on price point. As an example, if your practice choose to offer 12 months Differed Interest only if the ticket is \$5,000+ the payment estimator will only display that plan if the **Estimated Total Purchases*** entered is \$5,000 or more.

Online App Screen 3

- Patient Expands Plans to View Payment and Apply

NO INTEREST IF PAID IN FULL IN 6 MONTHS!⁶

For your loan of **\$5,500** with **Plan 8064**⁷:

	Monthly Payment Amount	Number of Payments
Recommended Payment to Avoid Paying Interest⁶	\$916.67	6
Scheduled Minimum Payment During Promotional Period⁶	\$123.70	6
Scheduled Payments After Promotional Period⁶	\$176.94	54

[Apply Now](#)

⁶Subject to credit approval. Minimum monthly payments required. Interest is charged during the promotional period, but will be waived if the purchase balance is paid in full before the end of the promotional period. Making minimum monthly payments will not pay off the entire purchase balance before the end of the promotional period.

Recommended Payment amount estimates the equal monthly payments you will need to make (above the minimum required payment) to pay the total purchase balance in full before the end of the promotional period. The **Scheduled Payment After Promotional Period** amount assumes that the total purchase balance is not paid in full within the promotional period and that interest charges accrued during the promotional period are not waived.

⁷Plan 8064. No Interest if Paid in Full Within 6 Months. 60 payments. Beginning with 1st transaction, 6 month promo period with initial payments followed by 54 amortized payments based on balance at the end of promo period. Interest charged to account is waived if entire purchase balance is paid before end of promo period. Making initial minimum required payments will not pay off loan. No prepayment penalty. 26.99% APR fixed for life of loan.

Patients can expand each plan to see a detailed payment estimations based on the **Estimated Total Purchases*** entered. Multiple plans can be expanded at the same time so the patient can choose the payment that best fits their needs. When ready to apply for a plan, the patient clicks 'Apply Now' in the box of the plan they prefer.

Online App Screen 4 - Patient Starts Application



Apply

Review

Offer

Agreement

1

2

3

4

Loan Information

NOTE: Fields marked with * are required.

Welcome to the GreenSky[®] Program application. We encourage you to read the [Consent to Electronic Records and Communication](#).

* Requested Loan Amount

\$5,500

Reference Number

Not Required

[Cancel](#)

Continue

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GreenSky[®] is a program name for certain consumer loans and credit plans extended by participating lenders to borrowers for the purchase of goods and/or services from participating merchants/providers. Participating lenders are federally insured, federal and state chartered financial institutions providing credit without regard to age, race, color, religion, national origin, gender or familial status. GreenSky[®] is a registered trademark of GreenSky, LLC. GreenSky, LLC and its wholly-owned subsidiaries service the loans on behalf of participating lenders.

NMLS #1416362; CT SLC-1416362; NJ MT #1501607 C22

Online App Screen 5 - Patient Enters Demographic Info

GreenSky[™] Apply **1** Review 2 Offer 3 Agreement 4

Applicant Information

NOTE: Fields marked with * are required.

Only U.S. Residents 18 years and older (19 years or older in Alabama and Nebraska) may apply.

Applicant

Name * First MI * Last

Address * Zip * City * State

* Street Address

P.O. Box is not accepted

Suite/Apt #

* Date of Birth

* Social Security Number

* Phone Number

Mobile Number

Work Number

Email Address

Check if you would like to receive contract disclosures in Spanish.
Marque esta casilla si desea recibir notificaciones de contratos en Español.

This screen is continued on the next slide

Online App Screen 6

- Patient Enters Demographic Info

Co-Applicant

* Is there a Co-Applicant? Yes No
If there is a Co-Applicant, Applicant and Co-Applicant must both provide the following information.

Income

* Gross Annual Income

Examples: Annual salary (before taxes), alimony, child support, investment income, social security, etc. **NOTE:** 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. **MARRIED WI Residents only:** If you are applying for an individual account and your spouse also is a Wisconsin resident, combine your and your spouse's financial information.

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Online App Screen 7

- Patient Reviews and Acknowledges Account Disclosures



Apply Review Offer Agreement
1 2 3 4

Account Opening and Other Important Disclosures

By submitting this loan application you, the applicant, and co-applicant (if any) agree that you are applying for any product that any financial institution participating in the GreenSky® Program (a "Lender") may offer as part of the GreenSky® Program, regardless of any product your merchant may have specifically discussed with you.

THE FOLLOWING IS IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: 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 a new account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

In addition, the following notices, disclosures, and authorizations apply to your application.

Alimony, child support, or separate maintenance payments need not be revealed if you do not wish to have them considered.

By submitting this application for credit, you certify the following: (1) all of the statements (whether verbally or written) communicated to us, or to your merchant, are true and correct, and are made for the purposes of obtaining credit; and, (2) if more than one applicant is applying, each applicant intends to apply for joint credit and none is a co-signer (a "co-signer" is a person who agrees to be liable for the debt of another person with the understanding that the benefit of the loan will be shared).

You, the Applicant, have read and accepted the important account opening disclosures provided to you. You agree to the Consent to Electronic Records and Communication and agree to receive electronic documents in connection with any loan obtained as a result of this application.

Must Click to Advance

[Cancel](#)

[Previous](#)

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Online App Screen 8 – Patient Verifies Information

Review Application Information

Please review your application for accuracy and edit if necessary

Loan Information Edit

Requested Loan Amount \$25,000.00

Reference Number

Applicant Information Edit

Name ARTHUR KAFRAY

Address 2455 CANARY CT , GAINESVILLE, GA 30504

Date of Birth 01/01/1955

Social Security Number XXX-XX-6721

Phone Number (123) 456-7890

Mobile Number

Work Number

Email Address

Contract Language English

Gross Annual Income \$1,000,000.00

Terms and Conditions Edit

Sales Consultant and Applicant(s) have read and accepted the Account Opening and Other Important Disclosures

You, the Applicant, understand that by selecting this box, you authorize Lender and its representatives, successors, and assigns to investigate your creditworthiness and obtain a credit report for you for any lawful purpose, including, but not limited to, any extension of credit, renewal, servicing and collections. Upon request, Lender will inform applicant of whether a credit report was obtained and if a report was obtained, the names and addresses of the credit reporting agencies that furnished the report. By clicking "Submit", I certify that the Application Information is true and accurate.

[Cancel](#) **Submit**

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Must Click to Advance

Online App Screen 9

- Patient Receives Credit Decision and Accepts Offer



Apply Review Offer Agreement
1 2 3 4

Application Status

Approved!

Print this page

Congratulations, your application has been approved for a **Credit Limit of \$10,000.00!** Please print this page using the button above or record your Application ID. You will need this information to access your account in the future.

If you wish to increase your Credit Limit, please contact GreenSky at 866-936-0602.

Application ID 1703211197

Applicant DALE WILSON

A summary of your offer is below. In order to activate your account and make a purchase, you must click 'Accept Offer'.

Loan Amount	Term	APR	Monthly Payment
\$5,000.00	55 months	14.9%	\$126.00

Plan 8760. 60 month loan. 5 month initial period beginning at approval with up to 5 interest only payments (actual number of interest only payments depends on 1st transaction date) followed by 55 amortized payments based on the balance 5 months after your approval date. No prepayment penalty. Your APR is fixed at 14.90% for the life of the loan.

Recalculate Offer

If you do not require the full loan amount included in the above offer and would like to modify that amount by adjusting the loan to an amount that is lower, please update the loan amount below with a new desired amount and click "Recalculate Offer" to generate a modified offer. **NOTE: You can only request an amount that is lower than what you have been approved for. Additionally, if you no longer wish to be approved for a loan through GreenSky, you may click the "Cancel" link in the bottom right corner of this page and no further consideration will be given to your application.**

Loan Amount

Recalculate Offer

Final Loan Terms and Payments will be based on actual purchases.

Cancel Accept Offer

* In order to activate your account and make a purchase, you must click 'Accept Offer'.

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Must Click to Accept Offer and Use Loan



Online App Screen 10

- Patient Emails and Views Loan Agreement

Apply 1 Review 2 Offer 3 Agreement 4

Loan Agreement

Congratulations DALE WILSON! You have been approved. [Print this page](#)

Thank you for setting up an installment loan with GreenSky.

Once you have read and understand the terms of your Loan Agreement and you are ready to authorize your merchant to charge your account, provide your merchant with the **account number and expiration date** from the Shopping Pass located on the first page of your loan agreement.

[View Loan Agreement](#) [Register for Online Portal*](#)

To receive automated account information via email including your Agreement, please enter your email address in the space below.

Applicant's Email Address:

[Email Agreement](#)

Summary of Account Terms

Application ID	1703211197
Borrower Name	DALE WILSON
Lender	The Brand Banking Company, Lawrenceville, GA
Amount Financed	\$5,000.00
Term	55
APR	14.9%
Monthly Payment	\$126.00
Promotion Details	Plan 8760. 60 month loan. 5 month initial period beginning at approval with up to 5 interest only payments (actual number of interest only payments depends on 1st transaction date) followed by 55 amortized payments based on the balance 5 months after your approval date. No prepayment penalty. Your APR is fixed at 14.90% for the life of the loan.

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Email a copy of the loan agreement to the patient by entering their email address and clicking 'Email Agreement'.

Online App Screen 11 - Summary of Terms and View Loan Agreement



Application

Summary of Account Terms

Application ID	1703211197
Applicant	DALE WILSON
Lender	The Brand Banking Company, Lawrenceville, GA
Amount Financed	\$5000
APR	14.9%
Number of Payments	55
Payment Amount	126
Promotion Details	Plan 8760. 60 month loan. 5 month initial period beginning at approval with up to 5 interest only payments (actual number of interest only payments depends on 1st transaction date) followed by 55 amortized payments based on the balance 5 months after your approval date. No prepayment penalty. Your APR is fixed at 14.90% for the life of the loan.

[Print Loan Agreement](#)

[Print Page](#)

[Close](#)

Call 866-936-0602 with any application questions

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Online App Screen 12

- Patient is sent Shopping Pass and can Authorize Transaction



Congratulations, MIKE !

Your application has been approved for \$ 10,000.00 !

You can start purchasing today by presenting this page and a photo ID to your Merchant/Provider.

About Your Account:

1. When you are ready to make your purchase, give your Account Number and Expiration Date to your Merchant/Provider along with your photo ID. Please be aware that if you authorize an initial advance under your GreenSky[®] Installment Loan to pay any initial payment required by the Merchant/Provider, payments may become due under your GreenSky[®] Installment Loan prior to the completion of services by the Merchant/Provider.
2. You have 4 months to use your credit limit of \$ 10,000.00 . All purchases must be made by 05/25/2016 .
3. By providing your account number to your Merchant/Provider you are authorizing payment for the goods and/or services that you are purchasing. Only provide your account number to your Merchant/Provider when you are prepared to pay. Only those named on this Shopping Pass are authorized to make purchases. Do not give this Shopping Pass to any person not named on this Shopping Pass. If this Shopping Pass is lost or stolen, please notify us immediately at 866-936-0602 .
4. After your first purchase, you will receive monthly statements during your promotional period to track your transactions. When you use your GreenSky[®] Installment Loan, you have zero liability for transactions that you do not authorize*. Please monitor your statements carefully and contact us at 866-936-0602 to notify us of any unauthorized activity.
5. You will have no obligation under this loan unless you authorize a transaction.

Plan 8736. 36 month loan. 5 month initial period beginning at approval with up to 5 interest only payments (actual number of interest only payments depends on 1st transaction date) followed by 31 amortized payments based on the balance 5 months after your approval date. No prepayment penalty. Your APR is fixed at 14.90% for the life of the loan.

Thank you for choosing GreenSky[®]!
service@greenskycredit.com

866-936-0602

www.GreenSkyCredit.com

Use of this Shopping Pass or the associated Installment Loan by (any) Borrower (or any authorized user) to make a purchase constitutes acceptance by (all) Borrower(s) of the terms of the accompanying Installment Loan Agreement. The physical or electronic record of

*Eligible only for purchases with your Merchant/Provider. Your Lender is specified on your Loan Agreement.

**Standard MasterCard rules apply. Any unauthorized transactions must be reported to GreenSky[®] within 60 days.

For patients who do not include an email address on an application (phone or online) submitted in your office, print and deliver the loan agreement to the customer prior to processing a transaction. If the patient includes a valid email address on the application, printing is not required.

Once the patient receives the shopping pass they are able to transact immediately.

Thank you!

Questions?

Provider Support

1.844.810.7713

greenskycredit.com/providerresources

Patient Support

1.844.810.7713