



Instructions for Using Website Portal

Table of Contents

1. Logging into Portal	2
2. Submitting an Application	2 - 6
3. Using eSign	6 - 9
4. ACH Payments Setup	10
5. Making Changes to Existing Applications	11
6. Using Web Apply	12
7. Payment Calculator	13
8. Advanced Search	13
9. Revenue Builder	14
Appendix: Supporting Materials	15 - 16

Logging into Portal

https://allegrocredit.com

Click Here

Allegro Credit

Merchants

Customers

About Us

FAQs

AllWell

Login

Grow your business customer

A financing solution that works for you

GET STARTED

Step 1: Navigate to https://allegrocredit.com

Step 2: Login using your User ID and password

Submitting an Application

Click Here

AllWell

A Financing Program by Allegro Credit

Home

Payment Calculator

New Application

Existing Applications

Web Apply Leads

Help

Resources

Change Password

Contact Us

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

Use the toolbar to navigate in portal

AllWell offers an alternative to often high cost credit cards and revolving credit. AllWell's Patient Payment Plans are flexible and designed specifically for the audiology industry. This is superior to offering patients revolving loans that can be used at nearly any practice once the patient has been approved. With AllWell, your patient's credit approval is only good at your practice.

© Copyright 2014-2016 Allegro Credit® All rights reserved.

Powered by Vos & Howden, LLC

1. Personal Information

AllWell
A Financing Program by Allegro Credit

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

New Customer Application

Applicant

First Name * Last Name *

Enter applicant's legal first and last name according to their state driver license or ID.

Social Security Number * Date of Birth *

Physical Address

Street * City *

State * Postal/Zip Code *

Contact

Phone * Email *

Income

Annual Net Amount * Monthly Net Amount *

For Assistance with this Program

Please contact us at (800) 533-0467 or by email at support@allwell.com

Different Mailing Address?

After completing the application, please give us a call (800) 533-0467 to add a mailing address to the file.

Phone

Home phone or cell phone is required.

By providing your Cell Phone (wireless) number, you consent to receiving telephone calls from us.

Income

Annual net income is take-home pay after taxes and other payroll deductions. (i.e. \$5,000 monthly net income is \$60,000 annual net income)

2. Enter Contact and Income Information

Contact

Phone * Email *

Income

Annual Net Amount * Monthly Net Amount *

Phone

Home phone or cell phone is required.

By providing your Cell Phone (wireless) number, you consent to receiving telephone calls from us.

Income

Annual net income is take-home pay after taxes and other payroll deductions. (i.e. \$5,000 monthly net income is \$60,000 annual net income)

3. Use of Co-Applicant is not required but can increase the chances of an approval.

Co-Applicant

Yes No

By selecting “Yes” all fields related to the Co-Applicant will be exposed for data entry.

4. Enter Product and Cost Information

Financing

Financing Details

Hearing Aid Device(s) and/or Service

Finance Price

(a) Cash Price (exclusive of taxes)

\$

*

(b) Taxes Imposed on the Sale

\$

0.00

(c) Cash Price (including taxes) (a + b)

\$

0.00

*

(d) Amount of Your Down Payment

\$

*

(e) Unpaid Balance of Cash Price (c - d)

\$

0.00

*

(f) Other charges

\$

To Whom Paid

(g) Amount Financed (e + f)

\$

0.00

*

Other Charges

To itemize an amount financed to be paid to a different entity. (e.g. Surgery center fee)

A down payment is optional, enter '0' if no down payment

If you have questions about how to itemize the finance price, please call 877-744-2290.

If tax is imposed on the sale, please reference Appendix A regarding calculating taxes.

5. Select Product Term Options

a. Select “Apply” to add a product term:

Product Options

#	Product Option	Status	
1	Installment @ 12.90% (2345) [iALL] ⓘ	Available	Apply >
2	SAC (ZYWV/2345/129) [cALL] ⓘ	Available	Apply >

Product Options

To change the product option, click "Apply". Changes may take a couple seconds to update on your screen.

b. If installment terms are applied, select the desired term length:

Finance Terms

Installment Plan

Number of Payments	APR	Amount	Estimated Monthly Payment	
24 Months	12.9%	\$450-\$10,000	TBD	<input type="checkbox"/> Select Terms
36 Months	12.9%	\$750-\$10,000	TBD	<input type="checkbox"/> Select Terms
48 Months	12.9%	\$850-\$10,000	TBD	<input type="checkbox"/> Select Terms
60 Months	12.9%	\$1,000-\$10,000	TBD	<input type="checkbox"/> Select Terms

- c. Or, when available, Same-as-Cash terms are applied use the resulting dropdown menu to select the appropriate Same-as-Cash option length

- d. And select the installment term:

Number of Payments	APR	Amount	Estimated Monthly Payment
24 Months	12.9%	\$450-\$10,000	TBD
36 Months	12.9%	\$750-\$10,000	TBD
48 Months	12.9%	\$850-\$10,000	TBD
60 Months	12.9%	\$1,000-\$10,000	TBD

6. Enter Service and Delivery Dates

Service Date 05/02/2016 *
Must be no more than 60 days out.

First Payment Date 06/01/2016 *
Must be 30-45 days after service date and not after the 25th of the chosen month.

Click the calendar icon to select the service and first payment dates

Service Date - estimated date hearing device will be delivered to patient. If service date is 31 - 60 days from application date, AllWell will need to recheck applicant's credit prior to funding.

First Payment Date – automatically defaults to 30 days after Service Date, but can be customized up to 45 days after Service Date.

7. Submitting Application

Have applicant read the "Notice to Applicants" before entering the applicant's initials.

Notice to Applicants

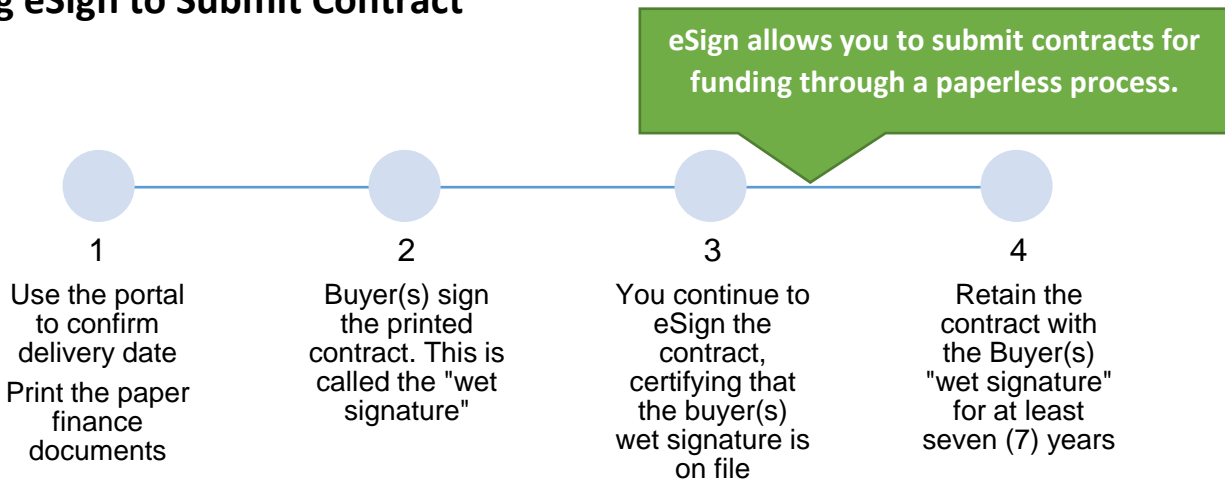
You may apply for credit in your name alone without your spouse or any other person regardless of sex or marital status. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against: credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract), because all or part of the applicants income derives from any public assistance program; or because the applicant has, in good faith, exercised any right under the Consumer Credit Protection Act. The federal agency that administers our compliance with this law is the Federal Trade Commission, equal credit opportunity, Washington, DC 20580.

You agree that the stated and represented information listed on this application is true and complete. You authorize Allegro Credit and/or any proposed assigned to verify your credit standing(s) and employment as deemed necessary.

Initial, Date and Submit!

Applicant **Initials** **Date Initialed**

Using eSign to Submit Contract



1. To view the contract for printing, go to Existing Applications and select "View" from the Options menu for the desired application.

AllWell
A Financing Program by Allegro Credit

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

Advanced Search

Number of Entries: 10 per page

Search

Existing Applications

#	Submitted	Prov	User	Agmt ID	Aprvl No	Name	Status	ACH	Cancel
1	04/25/2016	T0022	ray_ts...	222901	TEST222901	Carter, Helen	30 Approved (signature required)	-	-
2	04/22/2016	T0022	ray_ts...	221575	81712980	Doe, Steve	27 Approved and Signed	-	-
3	04/14/2016	T0022	ray_ts...	220071	-	Wall, Andy	Incomplete Draft	-	-

View

6

MERCHANT SUPPORT: 877-744-2290

2. Confirm the Delivery Date and First Payment Date when prompted.

Confirm Delivery Date

Agreement # 222901 Approval # TEST222901
Name Carter, Helen APR 14.9%
Payments 24 SAC 365 days

Delivery Date: 04/25/2016
Your contract will not be funded until this date.

First Payment Date: 05/25/2016
Must be 30-45 days after delivery date and not after the 25th of the chosen month.

Confirm the Delivery Date and First Payment Date when prompted.

Submit > Cancel >

3. See page 10 for instructions regarding ACH payment setup.

Your changes have been successfully saved.

Application

Record Date	28-Sep-2016
Application Status	Approved
Customer	Steve, Doe

AllWell Use

Provider / User	T0022 / T0022
Customer / App ID	250740
Account Number	0

Setup ACH

Would you like to add ACH information for this customer? Automatic ACH payments are a free and convenient way for the customer to pay their monthly scheduled payment.

Yes No Not right now

4. Print Finance Documents and have Buyer(s) sign on the two Buyer signature lines

Finance Documents

1 / 5

222901 Carter (page 1 of 5)
Contract: 4/25/16 Delivery: 5/6/16

AllWell
A Financing Program by Allegro Credit

RETAIL INSTALLMENT CONTRACT/ CREDIT SALE CONTRACT / SECURITY AGREEMENT
Retail Installment Sale Agreement - Subject To State Regulation
(This is a consumer credit transaction, including Disclosures under the Truth in Lending Act)

The terms of this agreement are contained on more than one page.

Buyer's Last Name Carter	First Name Helen	MI	Account Number: TEST222901
Address 3364 24th St.			Document Number: V0222901
City San Francisco	State CA	Zip Code 94110	Seller Hearing R Us (DEFAULT RATES)
Telephone:		Cell Phone: (415) 786-0444	Address 12345 Main St
Co-buyer's Last Name	First Name	MI	City San Bruno
			State CA
			Zip Code 94066

Print

Download PDF

Buyer signature one (top of page 3):

250738 Test 2 (page 3 of 5)

I. NO ORAL MODIFICATION: Oral agreements or commitments to loan money, extend credit or to forbear from enforcing repayment of a debt including promises to extend or renew such debt are not enforceable. To protect you (Buyer) and us (Seller/Assignee) from misunderstanding or disappointment, any agreements we reach covering such matters are contained in this writing, which is the complete and exclusive statement of the agreement between us, except as we may later agree in writing to modify.

Buyer's Signature: _____

Co-buyer's Signature: _____

m. NO WARRANTY: NO INSURANCE: Unless we have given an express warranty in this Contract or in a warranty certificate attached to this Contract, no warranties, express or implied, or any other statements made by any party not contained as part of this Contract are valid or binding. NO LIABILITY, PERSONAL OR PROPERTY INSURANCE COVERAGE IS PROVIDED TO BUYER UNDER THIS CONTRACT. INSURANCE, IF ANY, INCLUDED IN THIS RETAIL INSTALLMENT SALE DOES NOT INCLUDE COVERAGE FOR PERSONAL LIABILITY OR PROPERTY DAMAGE CAUSED TO OTHERS.

n. ASSIGNMENT: We may assign this Contract without your consent and Assignee is entitled to all rights under the Contract. Your rights and obligations are not affected by such assignment. You may not assign any rights or obligations under this Contract unless we agree in writing. Notwithstanding the foregoing, the terms of this Contract shall be binding upon your heirs, executors, and administrators. To contact Assignee about this Contract call or write Allegro Credit or Allegro Acceptance Corp. at: 1111 Bayhill Drive, Suite 450, P.O. Box 1207, San Bruno, CA 94066, or by telephone at: (800)-644-8494, or by fax at: (800)-986-0272.

o. NOTICE OF NEGATIVE CREDIT REPORT: As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

[The remainder of this section is left intentionally blank]

Buyer signature two (middle of page 4):

NOTICE TO THE BUYER:

- (1) Do not sign this agreement before you read it or if it contains any blank spaces to be filled in.
- (2) You are entitled to a completely filled-in copy of this agreement.
- (3) You can prepay the full amount due under this agreement at any time and obtain a partial refund of the finance charge if it is \$1 or more.
- (4) If you desire to pay off in advance the full amount due, the amount of the refund you are entitled to, if any, will be furnished upon request.

Buyer acknowledges reading each page of this Contract and receiving a completely filled in, signed, and dated copy of the Contract.

RETAIL INSTALLMENT CONTRACT/CREDIT SALE CONTRACT

X _____
BUYER'S SIGNATURE

X _____
CO-BUYER'S SIGNATURE

X _____
SIGNATURE - Authorized Agent for Seller

DATE EXECUTED

5. Provider eSigns the contract to submit for funding

A Financing Program by Allegro Credit

- Home
- Payment Calculator
- New Application
- Existing Applications
- Web Apply Leads

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

Advanced Search

Number of Entries: 10 per page

Search:

#	Submitted	Prov	User	Agmt ID#	Appl No	Name	Status	ACH	
1	04/25/2016	T0022	ray_ts...	222901	TEST222901	Carter, Helen	30 Approved (signature required)	-	-
2	04/22/2016	T0022	ray_ts...	221575	81712980	Doe, Steve	27 Approved and Signed	-	-
3	04/14/2016	T0022	ray_ts...	220071	-	Wall, Andy	Incomplete Draft	-	-

View

eSign

Change Deal

Cancel

Reminder

As the provider you agree to keep a signed wet signature version of this agreement on file for no less than 7 years. Please confirm you have printed and collected signature versions of the agreement and application. Click the [download/print](#) button to collect customer signatures.

 Download/Print

Continue to eSign



Options ▾ Please sign: [222901] Helen Carter 3

222901 Carter (page 1 of 5)
Contract: 4/25/16 Delivery: 5/6/16

AllWell
A Financing Program by Allegro Credit

RETAIL INSTALLMENT CONTRACT/ CREDIT SALE CONTRACT / SECURITY AGREEMENT
Retail Installment Sale Agreement - Subject To State Regulation
(This is a consumer credit transaction, including Disclosures under the Truth in Lending Act)

The terms of this agreement are contained on more than one page.

Buyer's Last Name Carter	First Name Helen	MI	Account Number: TEST222901
Address 3364 24th St.			Document Number: W222901
City San Francisco	State CA	Zip Code 94110	Seller Hearing R Us (DEFAULT RATES)
Telephone: (415) 786-0444		Cell Phone: (415) 786-0444	Address 12345 Main St
Co-buyer's Last Name	First Name	MI	City San Bruno
Address (if different from above)			State CA
			Zip Code 94066
			Telephone: 850 555 5555
			City Tampa
			State FL
			Zip Code 33601

1 / 5

POWERED BY Adobe Document Cloud

Agent of Seller (signature #1):

eSign your name as the authorized representative for Seller by clicking on the yellow box, then click "Next"

RETAIL INSTALLMENT CONTRACT/CREDIT SALE CONTRACT

Helen Carter's signature on file with provider.

BUYER'S SIGNATURE
*Click here to sign

SIGNATURE - Authorized Agent for Seller

CO-BUYER'S SIGNATURE
Apr 25, 2016

DATE EXECUTED

Agent of Seller (signature #2) and enter your job title:

SELLER OR SELLER'S AGENT IS SIGNING THIS ASSIGNMENT WITHOUT RECOURSE EXCEPT AS PROVIDED ABOVE.

By: Signature: *Click here to sign Title: *Enter your job title

(Authorized Signat Email: ray_tseng@sclay.com

4. The contract has now been electronically submitted for funding. Make sure to keep the wet signed copy of the contract on file for no less than seven (7) years.

ACH Payments Setup

1. When selecting “View” or “eSign”, you will be prompted with an optional ACH Setup screen after confirming the delivery date.

Application	
Record Date	02-Jun-2016
Application Status	Approved
Customer	Doe, John

AllWell Use	
Provider / User	T0022 / T0022
Customer / App ID	230451
Account Number	0

Setup ACH

Would you like to add ACH information for this customer? Automatic ACH payments are a free and convenient way for the customer to pay their monthly scheduled payment.

2. Choose from the following options:
 - a. **Yes** – Proceed to ACH Setup Form
 - b. **No** – Skip ACH Setup and do not display ACH prompt again for this application
 - c. **Not right now** – Skip ACH Setup for now but prompt will appear in the future
3. If you select “Yes”, complete the ACH fields and choose to customize payment amount and date, then click “Continue” to submit information.

Check Holder Name	<input type="text"/>			<div>Please enter each of the following items for verification. Should you need assistance, please call us at (800) 644-8494 x230.</div>
Check Information	<input type="text" value="ABA Routing Number"/>	<input type="text" value="Bank Account Number"/>	<input type="text"/>	
	<input type="button" value="Checking Account"/>	<input type="button" value="Savings Account"/>	<input type="button" value="Money Market Account"/>	
Payment Information	<input type="text" value="\$ 341.89"/>	<input type="text" value="07/02/2016"/>		
	Must be at least \$341.89.		May be as early as 06/03/2016 or as late as 07/02/2016.	
<div><input type="button" value="Continue >"/> <input type="button" value="Cancel >"/></div>				

4. The ACH Authorization Form will now be generated with the “Finance Documents”.
Please ensure you collect a wet signature from the customer on the ACH Form.

Making Changes to Existing Applications

A Financing Program by Allegro Credit

- Home
- Payment Calculator
- New Application
- Existing Applications
- Web Apply Leads
- Help
- Resources
- Change Password
- Contact Us

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

Advanced Search

Number of Entries: 10 per page

Search:

New Application

#	Submitted	Prov	User	Agmt ID	Appl No	Name	Status	ACH	Funded	Options
1	04/25/2016	T0022	ray_ts...	222901	TEST222901	Carter, Helen	30 Approved (esign in progress)	-	-	
2	04/22/2016	T0022	ray_ts...	221575	81712980	Doe, Steve	27 Approved and Signed	-	-	
3	04/14/2016	T0022	ray_ts...	220071	-	Wall, Andy	Incomplete Draft	-	-	
4	03/29/2016	T0022	ray_ts...	216914	81666508	Doe, Steve	3 Approved and Signed	-	-	
5	03/24/2016	T0022	ray_ts...	216266	81660030	Howe, Theresa	Approved and Signed (expired)	✗	-	
6	03/16/2016	T0022	ray_ts...	214861	-	minile, mickey	Incomplete Draft	-	-	

Available options vary depending on application status. The following statuses allow you to “Change Deal” to make needed changes prior to funding.

Status:
Approved with Conditions

Options:
View
Change Deal

Status:
Approved (signature needed)
or
Approved (eSign in progress)

Options:
View
eSign
Change Deal

Status:
Approved and Signed
or
Approved and Signed (expired)

Options:
View
Signed Copy
Change Deal

Making changes to certain fields after approval can cause the application, and applicant’s credit report, to be run again. To avoid rerunning an applicant’s credit report, do not make changes to any locked fields as explained in this message. Please call our Credit team to process these changes.

⚠ You have selected Change Deal: This tool allows you to make changes to an application that has already been submitted. Changes to Applicant Identity information or Physical Address information are considered material changes and may require us to run an additional credit check. Changes to the amount financed will not require additional credit checks but may result in a change in approval status. Other changes may be made without further review by our office apart from standard fraud and data accuracy checks that are in place for all submissions.

Using Web Apply

Web Apply makes it easy for your patients to apply for financing from home, on the go, or in your waiting room.

The Web Apply application is specific and unique to your clinic so you don't need to worry that your patient will take their financing elsewhere.

A Web Apply approval can only be redeemed in your clinic!

The diagram illustrates the Web Apply process flow:

- Right click and select "copy link" to copy your practice specific Web Apply link**: A screenshot of the AllWell portal shows a table of Web Apply Leads. A blue callout box with a '1' points to the 'Web Apply Link' column, which contains a unique URL for each lead.
- Patient opens unique link and completes Web Apply application.**: A screenshot of the patient application form shows a unique URL in the browser address bar. A green callout box with a '2' points to the form.
- When patients are approved, you can set the financing terms and complete the contract**: A screenshot of the 'Set Terms' button in the 'Get Started' column of the Web Apply Leads table. An orange callout box with a '3' points to this button.

Additional information from the portal screenshot:

- Web Apply applications live here. Approved Web Apply applications are called "Leads".
- Existing Applications: Archived, Hide, Show All.
- Web Apply Leads: A table with columns: #, Date, Status, Name, Contact, Credit Limit, and Get Started.
- Get Started: Set Terms button.

#	Date	Status	Name	Contact	Credit Limit	Get Started
1	03/31/2016	Approved	Cola, Johnny	john.doe@allegrocredit.com (877) 331-6531	\$10,000.00	Set Terms
2	02/18/2016	Approved	Walters, Daniela	john.doe@allegrocredit.com (877) 331-6531	\$10,000.00	Set Terms
3	01/06/2016	Incomplete Draft	Doe, Olivia	john.doe@allegrocredit.com (877) 331-6531	\$0.00	
4	01/06/2016	Incomplete Draft	Newton John, Olivia	john.doe@allegrocredit.com (877) 331-6531	\$0.00	

1.

Right click and select "Copy Link" to copy the Web Apply link for through to view your unique Web Apply form. Paste your practice specific link in emails to patients, on appointment reminders and even embed the link on your website.

2.

Your patient clicks on the link, fills out their personal info and employment info and electronically signs a Credit Check Consent form. 92% of applications are automatically decided within seconds and you're immediately notified of new approvals in the AllWell Portal.

3.

By clicking on "Set Terms" on an approved Web Apply lead, you can complete the product, pricing and term select to generate the finance documents. Complete the process by having the patient sign the contract when they come in for their fitting and eSign to submit the contract for funding.

Payment Calculator

Payment Calculator

To calculate a quick approximation of the payments, enter the A.P.R. and Amount Financed.

Amount Financed

\$

4,500.00

Monthly Payments

Months	Financed Amount	A.P.R.	Estimated Monthly Payment
12	\$275-\$10,000	14.9%	\$405.95
24	\$475-\$10,000	14.9%	\$217.98
36	\$750-\$10,000	14.9%	\$155.77
48	\$850-\$10,000	14.9%	\$125.01
60	\$1,000-\$10,000	14.9%	\$106.82

Estimated Monthly Payments are calculated automatically and dynamically when the Amount Financed field is filled in.

For Assistance with this Program

Please contact us at (800) 533-0467 or by email at support@allwell.com

Close

Enter the dollar amount to be financed

Advanced Search

AllWell

A Financing Program by Allegro Credit

Home

Payment Calculator

New Application

Existing Applications

Web Apply Leads

Help

Resources

Change Password

Contact Us

Welcome, ray_tseng@sclay.com | Provider Hearing Test Account | Logout

Advanced Search

Agreement ID

Approval No

User ID

Last Name

Start Date

End Date

Application Status

Not Closed

All

Not Submitted

Approved

Approved and Signed

Funded

Declined

Pending Review

Sort By

Agreement ID

Last Name

Date Funded

Total Records to Return

100

250

500

Search

Reset

See Appendix for more information on application statuses and for definitions of related terms.

MERCHANT SUPPORT: 877-744-2290

13

Revenue Builder

#	Submitted	Prov	User	Agmt ID ▲	Aprvl No	Name	Status	ACH	Funded	Options ⓘ
1	04/25/2016	R2132	gwen.d...	222856	81716375	Day, Charles	30 Approved (signature required)	-	-	
2	04/25/2016	R2132	lisa.o...	222841	81716227	Hefty, Richard	30 Approved and Signed	-	-	
3	04/25/2016	R2132	marc.d...	221795	-	Jordan, Rae	Declined	-	-	
4	04/25/2016	R2132	maggie...	221754	-	Crossland, Tyrone	Declined	-	-	

[View](#)
 Other Lending Offers



AllWell has integrated with a sub-prime financing partner to bring the highest possible approval rate in the industry through our Revenue Builder program*. Click on the “Other Lending Offers” button to submit the declined application to our sub-prime partner for possible approval.

*Sub-prime partner approves FICO scores into the low 500s. Sign-up is required. Call 888-742-6662 for more information.

Appendix: Supporting Material

- I. Application – Personal Information Fields
 - a. Physical Address – If the applicant has a separate mailing address, please contact our Credit team to add the mailing address after submitting the application.
 - b. Contact Information – At least one phone number is required, either home or cell phone. Email is optional but highly recommended as it is the fastest way for us to communicate time sensitive information to customers.
 - c. Income – Required, include the primary applicant’s annual net income amount.

- II. Application – Financing Price and Terms
 - a. Finance Price:
 - i. Field (b) Taxes Imposed on the Sale

Tax Calculator

Taxable Amount(s)

Fixed Rate

Custom Rate

\$

4,000.00

6.7500

%

☒

\$

270.00

Total Tax

\$

270.00

Use Total

Cancel

Fixed Rate applies the tax rate to the entire cash price.

Tax Calculator

Taxable Amount(s)

Fixed Rate

Custom Rate

\$

3,000.00

0.0000

%

\$

0.00

\$

500

8

%

\$

40.00

-

+

Total Tax

\$

40.00

Use Total

Cancel

Custom Rate allows for applying tax to a portion of the cash price, or applying different rates to different portions of the cash price.

- ii. Field (f) Other Charges – optional field, not applicable to most hearing care practices

MERCHANT SUPPORT: 877-744-2290

15

III. Application Statuses

<p><u>Status:</u> Incomplete Draft</p> <p><u>Options:</u> Edit</p>	<p><u>Statuses:</u> Approved (signature needed) Approved (eSign in progress)</p> <p><u>Options:</u> View eSign Change Deal</p>	<p><u>Statuses:</u> Approved and Signed Approved and Signed (expired)</p> <p><u>Options:</u> View Signed Copy Change Deal</p>
<p><u>Status:</u> Approved with Conditions</p> <p><u>Options:</u> View Change Deal</p>	<p><u>Statuses:</u> Pending Declined</p> <p><u>Options:</u> View Other Lending Offers*</p> <p><i>*Only visible for declines if opted into Revenue Builder program</i></p>	<p><u>Status:</u> Funded</p> <p><u>Options:</u> View Signed Copy</p>

IV. Glossary:

a. Financing Terms to Know

- **Installment:** a sum of money (the amount financed) due over the course of a particular period with mandatory monthly payments
- **Same-As-Cash:** gives the Applicant a set amount of time to pay the full amount financed, and, subsequently, have all finance charges (interest) waived to close the account

b. Options

- i. **View:** download an unsigned PDF of the finance documents
- ii. **eSign:** electronically sign the contract, certifying that wet signatures from the applicant have been collected to submit for funding
- iii. **Signed Copy:** view the signed copy of the contract
- iv. **Change Deal:** change the amount or terms of the application
- v. **Edit:** edit a saved, incomplete application
- vi. **Other Lending Offers:** Submit application data for a declined application to one of our sub-prime partners with the click of a button