

TOP SECTION FOR OFFICE USE ONLY

Submit by PHONE: **(800) 859-9975**

Submit by INTERNET: **CARECREDIT.COM**

ESTIMATED FEE \$		Office Merchant #	For assistance, call (800) 839-9078		Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____	
Photo ID verified (initial):	Applicant 1st ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Applicant 2nd ID Type / Issuer	Exp. Date	
If faxing, complete: FAX#: 800-333-3196	Staff Name	Office Phone #		Office Fax #		
Provided by GE Money Bank:	Account #	Authorization # or Key #		Approved Credit Limit		

1. APPLICANT INFORMATION: Please tell us about yourself. For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No.	Home Phone No. ()	
Mailing Address *	Apt.#	City	State	Zip	Cell / Other Phone Where We May Call You ()
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		<input type="checkbox"/> Your Address?	<input type="checkbox"/> Contact Person? City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. ()	

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "CARECREDIT CREDIT CARD")

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No.	Home Phone No. ()	
Mailing Address *	Apt.#	City	State	Zip	Cell / Other Phone Where We May Call You ()
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name		Street Address (Street Name and Number)		<input type="checkbox"/> Your Address?	<input type="checkbox"/> Contact Person? City State Zip
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ()	Monthly Net Income From All Sources \$ _____	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. ()	
Co-Applicant ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	Issuance State	Exp. Date	Co-Applicant 2nd ID Type / Issuer	Exp. Date	

3. APPLICANT and CO-APPLICANT: We need your signature(s) below

By signing this application, I ask that GE Money Bank ("you") issue me a CareCredit credit card. I am providing this information to you, to CareCredit, LLC and to participating professionals that accept the CareCredit Credit Card. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to CareCredit, LLC, and to participating professionals that accept the CareCredit Credit Card (and their respective affiliates) for use in connection with the CareCredit Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the CareCredit credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these terms INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Utah. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

If I have been pre-approved** for credit, my signature below indicates that I agree to the disclosure above. I request that you open up the type of account I have been pre-approved for and have read the Key Credit Terms and the Pre-screen Disclosures on the next page.

Signature of Applicant X	Signature of Co-Applicant (if Applicable) X
(Please Do Not Print) _____	(Please Do Not Print) _____
Date _____	Date _____

**** We may refuse to open an account in your name if we determine that you no longer meet our credit criteria.**

PROTECT YOUR CREDIT CARD ACCOUNT WITH ACCOUNT SECURITY - (Optional)

By signing to purchase Account Security, I acknowledge that I do not need to purchase Account Security to get credit. I have received and read the disclosures that are set forth below and in the Account Security Summary attached. I agree that you may bill my Account a fee each month of \$1.50 per \$100 of the average daily balance of my Account as provided in the terms of the Account Security agreement. I may cancel at any time.

YES, I would like to purchase Account Security Sign Here to Enroll **X** _____
Account Security is not available for residents of Alabama and Mississippi.

Office managers who solicit applications for Account Security must read the following disclosure to the applicant:

1) Account Security is optional and your decision whether to purchase or not will not affect your application or the terms of any existing credit agreement you have with the issuing bank. 2) You will get complete terms of the Account Security program in the mail before your first payment for Account Security is due. 3) You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Account Security benefits.

