



A credit service of GE Money Bank

APPLICATION AND CREDIT CARD AGREEMENT

For Providers: (800) 859-9975
For Patients/Clients: (800) 365-8295
Submit by internet: CARECREDIT.COM

ESTIMATED FEE \$, Office Merchant #, Pre-Approval Offer, Photo ID verified, Applicant 1st ID Type / Number, Issuance State, Exp. Date, Applicant 2nd ID Type / Issuer, Exp. Date, 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 Number, Home Phone Number, Mailing Address\*, Apt.#, City, State, Zip, Cell/Other Phone Number, \*If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. Contact Person Name, Street Address (Street Name and Number), City, State, Zip, Housing Information, Nearest Relative Phone Number, Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit. Monthly Net Income From All Sources, Employer's Phone Number, E-Mail Address (optional)

2. CO-APPLICANT INFORMATION: (COMPLETE ONLY IF CO-APPLICANT REQUESTING A CARECREDIT CREDIT CARD)

Name (First-Middle-Last) Please Print, Date of Birth, Social Security Number, Home Phone Number, Mailing Address\*, Apt.#, City, State, Zip, Cell/Other Phone Number, \*If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. Contact Person Name, Street Address (Street Name and Number), City, State, Zip, Housing Information, Nearest Relative Phone Number, Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit. Monthly Net Income From All Sources, Employer's Phone Number, Co-Applicant ID Type / Number, Issuance State, Exp. Date, Co-Applicant 2nd ID Type / Issuer, Exp. Date, E-Mail Address (optional)

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

I am providing the information in this application to GE Money Bank ("GEMB"), to CareCredit LLC, to participating professionals ("Participating Professionals") that accept the CareCredit Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to CareCredit LLC and to Participating Professionals and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
If my application is approved, the GEMB Credit Card Agreement ("Agreement"), a copy of which is attached, will be sent to me and will govern my account.
Among other things, the Agreement: (1) INCLUDES A DISPUTE AND CLAIM RESOLUTION (INCLUDING ARBITRATION) PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
I consent to GEMB and any other owner or servicer of my account contacting me about my account, including using any contact information or cell phone numbers I provide (whether now or in the future), and I consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan.
This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

Federal law requires GE Money Bank to obtain, verify and record information that identifies applicants when opening an account. GE Money Bank will use applicants' name, address, date of birth, and other information for this purpose.

If I have been pre-approved, I request that you open the type of account for which I was pre-approved. I have read the Prescreen Disclosures, Key Credit Terms and Agreement on the next pages and have been provided my credit line applicable to the account. GEMB reserves the right to refuse to open an account in my name if GEMB determines that I no longer meet GEMB's credit criteria or if I do not meet GEMB's debt to income requirements.

Signature of Applicant, Signature of Co-Applicant (If Applicable), X (Please Do Not Print), Date, X (Please Do Not Print), Date

# CareCredit®

## With CareCredit . . .

- ✓ Start care immediately
- ✓ Pay over time with low monthly payments
- ✓ For yourself and your family
- ✓ Two Types of Promotional Plans Available:

**No Interest if Paid in Full within 6, 12 or 18 Months †**  
On purchases with your CareCredit card. Not all promotional plans are available in all offices. Interest will be charged to your account from the purchase date if the promotional balance, including optional charges, is not paid in full within 6, 12 or 18 months or if you make a late payment. Minimum Monthly Payments Required.

or

**14.90% APR & Fixed Minimum Monthly Payments for 24, 36, 48 or 60 Months † †**  
On Purchases of \$1,000 or more (24, 36 or 48 months) or \$2,500 or more (60 months) with your CareCredit card. Accounts at Penalty APR ineligible for reduced APR. Fixed Minimum Monthly Payments Required. Penalty APR may apply if you make a late payment.

(See page 9 for details)

### Step 1 Please follow these guidelines when completing your application:

- ✓ **Please have available two forms of ID that can be verified: one primary ID and one secondary ID or two primary IDs. If using a co-applicant, the co-applicant must be present and also provide two forms of ID.** Acceptable primary ID are State issued driver's license (preferred), government issued ID, Non-Driver State issued ID, Passport, Military ID or Government issued Green/Resident Alien card. Acceptable secondary IDs are Visa, MasterCard, American Express, Discover, department store or an oil company credit card with an expiration date.
- ✓ **Please include all forms of income from all full and part-time jobs, bonuses, commissions, and investments.** You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.
- ✓ **Please note that you must reside in the United States and be 18 years or older to apply.**

### Step 2 Please complete the rest of the application on the reverse side