

A credit service of GE Money Bank

ESTIMATED FEE \$

APPLICATION AND CREDIT CARD AGREEMENT

Office Merchant #

For Providers: **(800) 859-9975** For Patients/Clients: **(800) 365-8295**

Submit by internet: CARECREDIT.COM

☐ Accepted ☐ Refused Date _

Pre-Approval Offer

purposes of reviewing, maintaining or collecting my account.	Photo ID verified (initial):	Applicant 1	st ID Type / Number		Issuance State	Exp. Date	Applicant 2nd ID Typ	oe / Issuer ·		Exp. Date	
## APPLICANT INFORMATION: Please tall us about yourself. Fe W missients: If you are applying individual credit or port credit with summone who is not your yourself. Fe W missients: If you are applying individual credit or port credit with summone who is not your yourself. Fe W missients: If you are applying individual credit or port credit with summone who is not your yourself. Fe W missients: If you are applying individual credit or port credit with summone who is not your yourself. Fe W missients: If you are yourself		# Drive	r's License State Issued Federal Go	vernment						i	
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Description Control											
2. CO-APPLICANT INFORMATION: (COMPLETE ONLY IF CO-APPLICANT REQUESTING A CARECREDIT CREDIT CREDIT CARD) Name (FreshModile Last) Picese Print Disso of Birth Social Security Namber Hone Phone Number	☐ PARENTSRELATIVE ☐ RENT			maintenance income need not be					ployer's Phone Number		
Name (First-Middle-Last) Please Pinnt Date of Binn	E-Mail Address (optional) By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.										
Making Address*			ORMATION: (COMPLETE ON			REQUESTING			1		
The above address is a P.O. Box, you must provide a sitent address for yourself or a contact person. Your Address? City Contact Person? State Zip		•				ı			()		
Contact Person Name Street Address (Street Name and Number) City State Zop	Mailing Address* Apt.#			C	City	State	e Zip		Cell/Other Phone Numb	er	
Summer Comparison Compari											
By providing an e-mail address. I consent to receive e-mail. confirmation of my Application communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC. 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 Care Credit 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 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 furnish this and other information about me (even if my application is deproved, 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 30 grants GEMB as eccurity 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	D PARENTS/RELATIVE CF RENT			maintenar	maintenance income need not be			I Sources Empl	Employer's Phone Number		
By providing an e-mail address. I consent to receive e-mail confirmation of my Application communications about my Account and penodic offers and updates from GE Money Bank and CareCredit LLC. 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 Care 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 it I am charged for the call under my phone plan. This	#			Issuance State Exp. Date Co-Applicant 2nd ID Type / Issuer			pe / Issuer		Exp. Date		
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X Date X	I am providing the info Credit Credit Card ("Card to Card to C	rmation ir ard") and in this and id their re- inquiries ving, mair- approves, the Agr. T. THAT I grants GI B and any or in the I ne call un- id the Agr. GE Monto of birth, roved, I reave been in	a this application to GE Money Bank (" to program sponsors, and asking GEI other information about me (even if espective affiliates) to create and upd it considers necessary (including requitaining or collecting my account. d, the GEMB Credit Card Agreement reement: (1) INCLUDES A DISPUTE PROVISION UNDER THE AGREEM BMB a security interest in the goods in other owner or servicer of my account future), and I consent to the use of ar der my phone plan. reement are governed by federal law respectively and record and other information for this purpo- request that you open the type of account provided my credit line applicable to the	GEMB"), MB to issue my applice tate their re uesting re ("Agreen E AND CI ENT'S IN pourchase nt contact and Utah I informationse. Information to white e account	to CareCredit ue me a Card. ation is denied records, and to eports from connent"), a copy LAIM RESOLUTIONS don the accounting me about atic telephone in law (to the extion that identic the laws pre-agust. GEMB resei income requi	LLC, to partici By applying for any applying for provide me of provide me provide me of participation of which is att JTION (INCLI S); and (2) mal int as permitte my account, in dialing system tent that state diffes applicant proved. I have the right rements.	with service and spling agencies and of agencies and applicant agency and and artificial agencies and agencies. The agencies are read the Prescretor refuse to open	t LLC and to Pa becial offers. other sources) it t to me and will (TON) PROVISION responsible for y contact information prerecorder an account. Gen Disclosures.	rticipating Profession n evaluating my app govern my account. ON THAT MAY LIMI paying the entire ar ation or cell phone in d voice when contact E Money Bank will Key Credit Terms ar	nals and pro- lication, and for T MY RIGHTS nount of credit numbers I pro- tting me, even it use applicants	
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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