

TOP SECTION FOR OFFICE USE ONLY

<b>ESTIMATED FEE \$</b>		<b>Office Merchant #</b>		<b>Pre-Approval Offer</b> <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
Provided by <b>GE Money Bank:</b>	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. ( ) -	
E-Mail Address (optional)		By providing an E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to CareCredit so that I may receive such communications, offers and updates.			

**2. CO-APPLICANT INFORMATION**

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
E-Mail Address (optional)		By providing an E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to CareCredit so that I may receive such communications, offers and updates.			

**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 CareCredit Card Agreement ("Agreement") will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN 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.
- This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

**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, I request that you open the type of account for which I was pre-approved. I have read the Prescreen Disclosure and Key Credit Terms on the next page and have been provided my credit line applicable to the account. **We reserve the right to refuse to open an account in your name if we determine that you no longer meet our credit criteria.**

Signature of Applicant <b>X</b>	Signature of Co-Applicant (If Applicable) <b>X</b>
(Please Do Not Print) _____	(Please Do Not Print) _____
Date _____	Date _____

**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:**

- 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.
- You will get complete terms of the Account Security program in the mail before your first payment for Account Security is due.
- You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Account Security benefits.

# CareCredit<sup>®</sup>

## With CareCredit . . .

- ✓ Start care immediately
- ✓ Pay over time with low monthly payments
- ✓ For yourself and your family, with no need to reapply
- ✓ Two Types of Promotional Plans:
  - No Interest\* Payment Plan (for purchases of \$300 or more)
  - Low Interest Extended Pay Plan (for more time to pay)  
(See Initial Disclosure Statement for more details)

\*If you are approved as a CareCredit cardholder, you will pay no Finance Charges on the balance for promotional healthcare purchases if you pay at least the minimum monthly payment due on the promotional balance (and any other balance not exempt from monthly payments) each month when due and you pay the entire promotional amount by the promotional due date. If you do not make these payments when due, Finance Charges will be assessed on the promotional amount from the transaction date. As of October 1, 2006, the variable APR for purchases and cash advances is 22.98% and the variable delinquency APR is 28.99%. There is a \$1.50 Minimum Finance Charge. Not available in all offices. Please ask for availability. Subject to credit approval by GE Money Bank.

### 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, State issued ID, Passport, Military ID or Government issued Green/Resident Alien card. Acceptable secondary ID 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.
- ✓ You must be at least 18 years of age to apply.

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