

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

A credit service of GE Money Bank

APPLICATION AND INITIAL CARDHOLDER DISCLOSURE

Submit by INTERNET: CARECREDIT COM

Provided by A SE Money Bank:	pplicant 1st ID Type / Number Driver's License	•	Issuanc		Office Merchant #							
SE Money Bank:	ccount #	☐ Federal Government	nt	Issuance State Exp. Date Applicant 2nd ID Ty					Type / Iss			
				Authorization # or Key						Approv	Approved Credit Limit	
. APPLICANT I lame (First-Middle-Last) Pleas	INFORMATION: Please te	ll us about yours	For WI self. not yo		s, if you		pplying our and ial Secur		idual cre ouse's fir	dit or joint nancial info	credit with ormation o Home Phon (
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If the above address is a PO E Contact Person Name	Box, you must provide a street address for yourse Street Address (Street Name		□ Yo	our Address	?		Contact	Person? City		•	State	Zip
lousing Information	Nearest Relatives Phone No.	Monthly Net Income From	m All Sources	Alimor	w abild i	ounnest o	r conoro	to maintan	naa Er	nployer's Pho	one No.	
OWN RENT 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. Limiting the control of											
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If the above address is a PO E Contact Person Name	Box, you must provide a street address for yours Street Address (Street Name		□ Yo	our Address	?		Contact	Person? City	•		State	Zip
Housing Information	Nearest Relatives Phone No.	Monthly Net Income Fro	From All Sources Alimony, income n			child support or separate maintenance eed not be disclosed unless relied upor			ance E	Employer's Phone No.		
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☐ Driver's License E-Mail Address (optional)	☐ State Issued ☐ Federa	al Government	I	/ providina	an e-mai	l address	, I conse	nt to receiv	e_e_mail co	nfirmation of	my Applicati	on,communications C.
, ,			mí	y Account	and perio	odic offers	s and up	dates from	GE Money	Bank and C	CaréCredit LL	C.

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