



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**

TOP SECTION FOR OFFICE USE ONLY

<b>ESTIMATED FEE \$</b>		<b>Office Merchant #</b>			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	
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 <b>must</b> 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 confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC.		

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