



APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT

A credit service of GE Capital Retail Bank

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

Submit by internet: CARECREDIT.COM

** MARRIED WI Residents only: If you are applying for an individual account and your spouse also is a WI resident, combine your and your spouse's financial information.

ESTIMATED FEE \$ Office Merchant # Pre-Approval Offer
Photo ID verified (initial): Applicant 1st ID Type / Number Issuance State Exp. Date Applicant 2nd ID Type / Issuer Exp. Date
Provided by GE Capital Retail Bank: Account # Authorization # or Key # Approved Credit Limit

1. APPLICANT INFORMATION: Please tell us about yourself. Please note that you must reside in the United States and be 18 years or older to apply.

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.
Housing Information Nearest Relative Phone Number* Alimony, child support or separate maintenance income... Monthly Net Income From All Sources Employer's Phone Number*
E-Mail Address (optional)*

2. JOINT INFORMATION: An additional card will be issued to the person indicated below. The applicant (and joint applicant, if any) will be liable for all transactions made on the account including those made by any authorized user. JOINT APPLICANT: You agree that we may send notices to you and/or applicant at the applicant's address, regardless of whether you live at that address.

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.
Housing Information Nearest Relative Phone Number* Alimony, child support or separate maintenance income... Monthly Net Income From All Sources Employer's Phone Number *
Joint Applicant ID Type / Number Issuance State Exp. Date Joint Applicant 2nd ID Type / Issuer Exp. Date
E-Mail Address (optional)*

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

By applying for this account, I am asking GE Capital Retail Bank ("GECRB") to issue me a CareCredit Credit Card (the "Card"), and I agree that:

- I am providing the information in this application to GECRB, CareCredit LLC, and providers that accept the Card and program sponsors.
GECRB may obtain information from others about me (including requesting reports from consumer reporting agencies and other sources) to evaluate my application, and to review, maintain or collect my account.
I consent to GECRB 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, 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.
I have read and agree to the credit terms and other disclosures in this application, and I understand that if my application is approved, the GECRB credit card account agreement ("Agreement") will govern my account. Among other things, the Agreement: (1) includes a resolving a dispute with arbitration provision that limits my rights unless I reject the provision by following the provision's instructions; and (2) makes each applicant responsible for paying the entire amount of the credit extended.

PLEASE SEE NEXT PAGE FOR RATES, FEES AND OTHER COST INFORMATION.

Federal law requires GECRB to obtain, verify and record information that identifies you when you open an account. GECRB 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 Disclosures, credit terms and other disclosures on the next pages and have been provided my credit limit applicable to the account. GECRB reserves the right to refuse to open an account in my name if GECRB determines that I no longer meet GECRB's credit criteria or if I do not have the ability to make the minimum payments on the account.

If you apply with a Joint Applicant, each of you will be jointly and individually responsible for obligations under the Agreement and by signing below, you each agree that you intend to apply for joint credit.

Signature of Applicant Signature of Joint Applicant (If Applicable)
X (Please Do Not Print) Date X (Please Do Not Print) Date