

# CareCredit®

## With CareCredit . . .

- ✓ Start care immediately
- ✓ Pay over time with low monthly payments
- ✓ For yourself and your family
- ✓ Two Types of Promotional Plans Available:

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**No Interest if Paid in Full within 6, 12 or 18 Months †**

On purchases made with your CareCredit credit card account. Not all promotional plans are available at all Participating Professionals. Interest will be charged to your account from the purchase date if the promotional purchase is not paid in full within the promotional period or if you make a late payment. Minimum Monthly Payments Required and may pay off purchase before end of promotional period.

OR

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**14.90% APR and Fixed Monthly Payments Required Until Paid in Full † †**

On purchases made with your CareCredit credit card account. Fixed monthly payment amount based on repayment over 24, 36, 48 or 60 month period. Purchases of \$1,000 or more are eligible for a 24, 36 or 48 month offer and purchases of \$2,500 or more are eligible for a 60 month offer. Not all promotional plans are available at all Participating Professionals.

*†, † † See Page 10 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 joint applicant, the joint 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 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.
- ✓ 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



# CareCredit<sup>®</sup> 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.

<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 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
If the above address is a P.O. Box, you <b>must</b> provide a street address for yourself or a contact person.		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?		
Contact Person Name	Street Address (Street Name and Number)	City	State	Zip
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relative Phone Number* ( )	Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets. ** \$		Employer's Phone Number* ( )
E-Mail Address (optional)*		*You authorize GE Capital Retail Bank ("GECRB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive special offers, updates and account information, including text messages, from Providers that accept the GECRB credit card. Standard text messaging rates may apply.		

## 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
If the above address is a P.O. Box, you <b>must</b> provide a street address for yourself or a contact person.		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person?		
Contact Person Name	Street Address (Street Name and Number)	City	State	Zip
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relative Phone Number* ( )	Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets. ** \$		Employer's Phone Number * ( )
Joint Applicant ID Type / Number # _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government		Issuance State	Exp. Date	Joint Applicant 2nd ID Type / Issuer
E-Mail Address (optional)*		*You authorize GE Capital Retail Bank ("GECRB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive special offers, updates and account information, including text messages, from Providers that accept the GECRB credit card. Standard text messaging rates may apply.		

## 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 CareCredit LLC, participating professionals that accept the Card and program sponsors. GECRB may provide information about me (even if my application is declined) to CareCredit LLC, participating professionals that accept the Card and program sponsors (and their respective affiliates) so that they can create and update their records, and provide me with service and special offers.
- 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 meet GECRB's debt to income requirements.

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