

ESTIMATED FEE \$	Office Merchant I	For assistance, call (800) 839-9078	Pre-Approval Offer Q Accepted a Refused Date _
Photo ID verified (initial): #	Applicant 1st ID Type / Number Driver's License n State Issued a Federal Government	Issuance State Exp. Date	Applicant 2nd ID Type/ Issuer Exp. Date
If faxing, complete: FAX*: 800-333-3196	Staff Name	Office Phone f	Office Fax*
Provided by GE Card Services:	Account #	Authorization f or Key*	Approved Credit Limit

1. APPLICANT INFORMATION: Please tell US about yourself, 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		Q Your Address?	U Contact Person? City	State Zip
Street Address (Street Name and Number)		Monthly Net Income From All Sources <small>Alimony, child support w separate maintenance income need not be disclosed unless relied upon \$</small>		Employer's Phone No.
Housing Information DOWN DRENT nOTHER	Nearest Relatives Phone No. ()	for credit.		

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF CO-APPLICANT WILL RECEIVE A "CARECREDIT CREDIT CARD")

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. Name		G Your Address? Contact Person	Q Contact Person? City	State Zip
Street Address (Street Name and Number)		Monthly Net Income From All Sources <small>Alimony, child support or separate maintenance income need not be disclosed unless relied upon \$</small>		Employer's Phone No. ()
Housing Information DOWN DRENT nOTHER	Nearest Relatives Phone No. ()	for credit.		
Co-Applicant ID Type / Number #		Issuance State	Exp. Date	
n Driver's License n State Issued n				

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

...professionals that accept the CareCredit Credit Card (and their respective affiliates) for use in connection with the CareCredit Credit Card program, including to create and update their records for me to assist them in better serving me and to provide me with notices of special promotions.

with The CareCredit Credit Card program, including to create and update their catalogs and tailored offerings. I affirm that the information I have submitted is complete and true. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account, upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the CareCredit credit card agreement (the "Agreement") attached to this application will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these Terms INCORPORATE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Ohio. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

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

If I have been pre-approved for credit, my signature below indicates that I agree to the disclosure above. I request that you open up the type of account I have been pre-approved for and I have read the Key Credit Terms and the Pre-screen Disclosures on the next page.

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

¹ We may refuse to open an account in your name if we determine that you no longer meet our credit criteria.

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:

4) You should carefully read our additional information for a full explanation of the terms of Account Security.

182-077-00
Revision Date: 8/01/03
DATE OF PRINTING 8/03

PLEASE READ AND KEEP THE CARDHOLDER AGREEMENT BEFORE SIGNING THIS APPLICATION.
To find out about changes in the attached Agreement, write to us at P.O. Box 276, Dayton, OH 45401-0276.