



APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT

Credit is extended by Synchrony Bank

Submit the application: For providers, (800) 859-9975 or CARECREDIT.COM/PRO For patients/clients, (800) 365-8295 or CARECREDIT.COM

ESTIMATED FEE \$ Office Merchant # Signature of Provider (Please Do Not Print) Pre-Approval Offer

**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.

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*

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*

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

By applying for this account or accepting a prescreen offer, I am asking Synchrony Bank ("SYNCB") to issue me a CareCredit Credit Card (the "Card"), and I agree that: I am providing the information in this application to SYNCB, CareCredit LLC, and providers that accept the Card and program sponsors...

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

Federal law requires SYNCB to obtain, verify and record information that identifies you when you open an account. SYNCB 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.

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