



APPLICATION AND CREDIT CARD AGREEMENT

A credit service of GE Capital Retail Bank

**** 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 * | | | | |
| If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. | | | | |
| Contact Person Name | Street Address (Street Name and Number) | <input type="checkbox"/> Your Address? City | <input type="checkbox"/> Contact Person? State | Zip |
| Housing Information | 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.** | Monthly Net Income From All Sources | Employer's Phone Number * | Relative Phone Number * |
| <input type="checkbox"/> PARENTS/ <input type="checkbox"/> RELATIVE <input type="checkbox"/> OWN | <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | \$ _____ | () | () |
| 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 GECRB and the dealers/merchants/retailers that accept the Card. Standard text messaging rates may apply.

2. JOINT APPLICANT 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. | | | | |
| Contact Person Name | Street Address (Street Name and Number) | <input type="checkbox"/> Your Address? City | <input type="checkbox"/> Contact Person? State | Zip |
| Housing Information | 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. | Monthly Net Income From All Sources | Employer's Phone Number * | |
| <input type="checkbox"/> PARENTS/ <input type="checkbox"/> RELATIVE <input type="checkbox"/> OWN | <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | \$ _____ | () | |
| 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 GE Capital Credit Card (the "Card"), and I agree that:

- I am providing the information in this application to GECRB and to dealers/merchants/retailers that accept the Card and program sponsors. GECRB may provide information about me (even if my application is declined) to dealers/merchants/retailers 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 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 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 _____ Date _____ | X _____ Date _____ |

FOR RETAILER USE ONLY (Validation of Customer I.D.)

| | | | | | | | |
|---|----------------|--|-----------|--|--|-------------------------------|--|
| RETAILER # | | ACCOUNT # | | KEY # | | AMOUNT OF INITIAL TRANSACTION | |
| APPLICANT 1 st ID TYPE/NUMBER | | ISSUANCE STATE | EXP. DATE | APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER) | | EXP. DATE | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government | | | | | | | |
| JOINT APPLICANT 1 st ID TYPE/NUMBER | | ISSUANCE STATE | EXP. DATE | JOINT APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER) | | EXP. DATE | |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government | | | | | | | |
| RETAILER PHONE # | RETAILER FAX # | APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO | | APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |