



CARECREDIT
APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT

Credit is extended by Synchrony Bank.

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

| | | | | | | |
|-----------------------------|--|--------------------------|-----------|--------------------------------------|---|--|
| ESTIMATED FEE \$ | | Office Merchant # | | | Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____ | |
| ID verified (initial): | Applicant 1st ID Type <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 | |
| | Joint Applicant ID Type <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 | Exp. Date | |
| Provided by Synchrony Bank: | Account # | Authorization # | or Key # | Approved Credit Limit | | |

****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/ITIN | 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. | | <input type="checkbox"/> Your Address? City | <input type="checkbox"/> Contact Person? State ZIP |
| Contact Person Name Street Address (Street Name and Number) | | | |
| Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | **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 \$ | Business/Work Phone Number* |
| Email Address (optional)* | *You authorize Synchrony Bank ("SYNCB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive account updates and information, including text messages, from CareCredit LLC, providers that accept the CareCredit credit card and Synchrony Bank. 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/ITIN | 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. | | <input type="checkbox"/> Your Address? City | <input type="checkbox"/> Contact Person? State ZIP |
| Contact Person Name Street Address (Street Name and Number) | | | |
| Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER | **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** \$ | Business/Work Phone Number* |
| Email Address (optional)* | *You authorize Synchrony Bank ("SYNCB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive account updates and information, including text messages, from CareCredit LLC, providers that accept the CareCredit credit card and Synchrony Bank. Standard text messaging rates may apply. | | |

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

I ask Synchrony Bank ("SYNCB") to issue me a CareCredit Credit Card (the "Card") and I agree:

- To the CareCredit Credit Card agreement ("Agreement").
- I am providing the information in this application to SYNCB, CareCredit LLC, and providers that accept the Card and program sponsors (and their respective affiliates), and I consent to SYNCB's providing information about me to CareCredit LLC, providers that accept the Card and program sponsors (and their respective affiliates) for their own business purposes.
- SYNCB may obtain credit reports and other information, including employment and income, about me to evaluate my application and for other purposes.
- SYNCB, and any other owner or servicer of my account, may contact me about my account, including through text messages, automatic telephone dialing systems and/or artificial or prerecorded voice calls for informational, servicing or collection related communications, as provided in the Address/Phone Change and Consent To Communications provisions of the Agreement. I also agree to update my contact information.
- The Agreement will govern my account and includes: **(1) a resolving a dispute with arbitration provision that limits my rights unless: (a) I reject the provision by following the provision's instructions or (b) I am covered by the Notice for Active Duty Military Members and their Dependents set forth in the Agreement;** and **(2) makes each applicant responsible for paying the entire amount of credit extended.**
- **Applicants applying for credit arranged by a provider in California only:** I have received and signed a notice that I received from my provider entitled, "Credit or Loan for Health Care Services."

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. SYNCB reserves the right to refuse to open an account in my name if SYNCB determines that I no longer meet SYNCB's credit criteria or if I do not have sufficient income.

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 _____ (Please Do Not Print) | X _____ Date _____ (Please Do Not Print) |

182-077-00 PLEASE READ THE SYNCHRONY BANK CREDIT CARD ACCOUNT AGREEMENT BEFORE SIGNING THIS APPLICATION.