62312

Home Utility Products Consumer Credit Application

Please note that you must reside in the United States and be 18 years or older to apply.

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H

Synchrony Bank

REVOLVING PHONE: 1-800-330-5189 **REVOLVING FAX: 1-888-679-5200**

Merchant # 534812

Initial Sale/ Project Amount $,

Account #

Applicant's Primary ID (Type, Number, Issuing State) Exp. / 2nd ID (Credit Type and Issuer) Exp.

Joint Applicant's Primary ID (Type, Number, Issuing State) Exp. / 2nd ID (Credit Type and Issuer) Exp.

Applicant

First Name | M. Initial | Last Name

Do You: (✓ One) ☐ Own ☐ Parents/Relative ☐ Rent ☐ Other

Mailing Address | APT #

Years at Residence

City | State | ZIP

Birth Date Month / Day / Year

Social Security Number

Home Phone*

If the above address is a PO Box, you must provide a street address for yourself or a contact person

City | State | ZIP

Cell / Other Phone* Where We May Call You

Your Employer | How Long (Yrs.) | $, Monthly Net Income† From All Sources

Business Phone*

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 SYNCB & the merchants that accept the Card. Standard text messaging rates may apply. †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. **Married WI Residents only:** If you are applying for an individual account & your spouse also is a WI resident, combine you & your spouse's financial information.

Joint Applicant

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 an 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.

First Name | M. Initial | Last Name

Mailing Address | APT #

Years at Residence

City | State | ZIP

Social Security Number

Home Phone / Other Phone* Where We May Call You

Birth Date Month / Day / Year

Your Employer | How Long (Yrs.) | $, Monthly Net Income† From All Sources

Business Phone*

Applicant/Joint Applicant Signatures

By applying for this account, I am asking Synchrony Bank ("SYNCB") to issue me a SYNCB Credit Card (the "Card"), and I agree that:

- I am providing the information in this application to SYNCB and the merchants that accept the Card and program sponsors (and their repective affiliates). I also provide my consent to SYNCB to provide information about me (even if my application is declined) to merchants 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.
- SYNCB 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 SYNCB 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 SYNCB credit card agreement ("Agreement") will govern my account. Among other things, the Agreement: (1) **includes 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.

Federal law requires Synchrony Bank to obtain, verify and record information that identifies applicants when opening an account. SYNCB will use applicants' 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.

PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT FOR RATES, FEES & OTHER COST INFORMATION.

EQUAL HOUSING LENDER

62312

X
Applicant Signature Date

X
Joint Applicant Signature (If applicable) Date