



6037

Home Improvement 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: 1-888-222-2176

NOTICE FROM THE MERCHANT TAKING YOUR APPLICATION FOR CREDIT ("MERCHANT"): This is an application for a credit card account issued by Synchrony Bank ("SYNCB"). If this application is not approved by SYNCB, you agree that the Merchant may provide all your information from this application to another lender or lenders (or their service providers) identified by the Merchant who may offer you credit. You authorize any such lenders (or their service providers) to make inquiries they consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating your request for credit. The rates, fees, and other credit terms provided with this application apply only to the credit card account issued by SYNCB. Other credit products may have different rates, fees, and terms.

Applicant

First Name _____ M. Initial _____ Last Name _____

Mailing Address _____ APT # _____

City _____ State _____ ZIP _____

Birth Date _____ / _____ / _____

Social Security Number/Individual Tax Identification Number _____

Home Phone* _____

Cell / Other Phone* Where We May Call You _____

Business/Work Phone* _____

Monthly Net Income† From All Sources \$ _____

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 Wisconsin Residents only:** If you are applying for an individual account & your spouse also is a WI resident, combine your & 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 # _____

City _____ State _____ ZIP _____

Birth Date _____ / _____ / _____

Home Phone / Other Phone* Where We May Call You _____

Business/Work Phone* _____

Monthly Net Income† From All Sources \$ _____

Social Security Number/Individual Tax Identification Number _____

Applicant/Joint Applicant Signatures

I ask Synchrony Bank ("SYNCB") to issue me a SYNCB Credit Card (the "Card") and I agree: To the SYNCB Credit Card agreement ("Agreement"). I am providing the information in this application to SYNCB and to merchants that accept the Card and program sponsors (and their respective affiliates), and I consent to SYNCB's providing information about me to merchants 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. **Authorization for the Social Security Administration to Disclose Your Social Security Number Verification.** I authorize the Social Security Administration (SSA) to verify and disclose to SYNCB for the purpose of this transaction whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next 90 days. 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.

Applicant Signature X _____ Date _____ Joint Applicant Signature X _____ Date _____
(If applicable)

Merchant

Applicant's Primary ID (Type, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. _____ Joint Applicant's Primary ID (Type, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. _____

Account # _____

534812
Merchant #

Estimated Sales Amount \$ _____



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