



**APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT**

Credit is extended by Synchrony Bank.

**\*\* MARRIED Wisconsin 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
If the above address is a P.O. Box, you <b>must</b> 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"/> OTHER <input type="checkbox"/> RENT	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 SYNCB 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/ITIN - -	Home Phone Number * ( )
Mailing Address	Apt.#	City	State	ZIP
If the above address is a P.O. Box, you <b>must</b> 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"/> OTHER <input type="checkbox"/> RENT	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)*				

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

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 dealers/merchants/retailers that accept the Card and program sponsors (and their respective affiliates), and I consent to SYNCB's providing information about me to dealers/merchants/retailers 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.**

**PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT 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 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 X _____	Date _____	Signature of Joint Applicant (If Applicable) X _____	Date _____
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**FOR RETAILER USE ONLY (Validation of Customer ID)**

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