

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

32498

Synchrony Bank

REVOLVING PHONE: 1-888-222-2176

NOTICE: This is an application for a credit card account issued by Synchrony Bank ("SYNCB"). If this application is not approved by SYNCB, you direct SYNCB or Merchant to share all of your application information, on your behalf, with other lending and/or lease to own providers (and their service providers) in connection with your desire to obtain financing or a lease to own product. You authorize such lenders and/or lease to own providers (or their service providers) to make inquiries they consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating offers for you. The rates, fees, and other credit terms provided with this application apply only to the account issued by SYNCB. Other financing or lease to own products may have different rates, fees, and terms. Notwithstanding the foregoing, SYNCB and Merchant have no obligation to share your application information.

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

If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. Email Address *You authorize Synchrony Bank to contact you at each phone number you have provided. By providing a cell phone number you agree to receive 1) account updates and information and 2) account security alerts, including text messages from Synchrony Bank. Message frequency varies. Message and data rates may apply. Text HELP for help, text STOP to Opt-Out. Terms and Conditions and Privacy Policy: www.synchrony.com. †Your Net Income includes what you earn or reasonably expect to earn from employment, investments, retirement, social security benefits and public assistance. You can also include money that someone else deposits regularly into your account (individual or joint) and the amount that you have available to spend from your assets. If you are 21 or over, you may also include the amount of someone else's income that is regularly used to pay your expenses. Alimony, child support or separate maintenance income need not be included unless relied upon for credit. WI Residents Only: If this is an individual account, please also include your spouse's income.

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, Social Security Number/Individual Tax Identification Number, Business/Work Phone*, Monthly Net Income† From All Sources

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 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; I further authorize SYNCB to obtain and use credit reports and other information, including employment and income, about me 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; I consent to receive marketing and other email communications from SYNCB, its Divisions and dealers/merchants/retailers that accept the Card and program sponsors (and their respective affiliates). The Agreement will govern my account and: (1) includes 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 through SentiLink Verification Services Corp, SYNCB's service provider, 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.

- Please have a form of ID available that can be verified. If using a joint applicant, the joint applicant must be present and also have a form of ID.
Please include all forms of income from all full and part-time jobs, bonuses, commissions, and investments. You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.
You must reside in the United States and be 18 years or older to apply.

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

Merchant

Applicant's ID (Type, Issuing State) Exp.

Joint Applicant's ID (Type, Issuing State) Exp.

Account #

534812 Merchant #

Estimated Sales Amount \$



32498

