



CareCredit
APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT

Credit is extended by Synchrony Bank.

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

ESTIMATED FEE \$ Office Merchant # Signature of Provider (New York Providers Only) Pre-Approval Offer
ID verified (initial): Applicant 1st ID Type Issuance State Exp. Date Applicant 2nd ID Type / Issuer Exp. Date

\*\*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.
Housing Information Monthly Net Income From All Sources Business/Work Phone Number\*

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.
Housing Information Monthly Net Income From All Sources Business/Work Phone Number\*

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

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

- 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).
SYNCB may obtain information, including employment and income information, from others about me (including requesting reports from consumer reporting agencies and other sources) to evaluate my application or determine whether to open my account, 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 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 CareCredit Credit Card agreement ("Agreement").
I also agree to update my contact information.
I have received, read and agree to the credit terms and other disclosures in this application, and I understand that if my application is approved or an account is opened, the Agreement will govern my account. Among other things, the Agreement: (1) includes a 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.
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 X Date
(Please Do Not Print) (Please Do Not Print)