



15574

SPA REVOLVING 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

GE Capital Retail Bank

REVOLVING PHONE: 1-800-330-5189

REVOLVING FAX: 1-888-679-5200

Contractor # 534812

Initial Sale/
Project Amount \$ _____

Account # _____

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

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

Applicant

First Name _____ M. Initial Last Name _____

Do You: Own Parents/Relative
 (One) 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

Cell / Other Phone* Where We May Call You _____

City _____ State _____ Zip _____

Your Employer _____

How Long (Yrs.) Monthly Net Income From All Sources \$ _____

Business Phone* _____

E-Mail Address (optional)* *You authorize GE Capital Retail Bank ("GECRB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive special offers, updates & account information, including text messages, from GECRB & the contractors 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 _____

Years at Residence _____

Mailing Address _____ APT # _____

City _____ State _____ Zip _____

Social Security Number _____

City _____

Birth Date _____ / _____ / _____
Month Day Year

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

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 GE Capital Retail Bank ("GECRB") to issue me a GE Capital Credit Card (the "Card"), and I agree that:

- I am providing the information in this application to GECRB and the contractors that accept the Card and program sponsors. GECRB may provide information about me (even if my application is declined) to contractors 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.
- GECRB 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 GECRB 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 GECRB credit card agreement ("Agreement") will govern my account. Among other things, the Agreement: (1) includes a provision 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 GE Capital Retail Bank to obtain, verify and record information that identifies applicants when opening an account. GE Capital Retail Bank 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 NEXT PAGE FOR RATES, FEES & OTHER COST INFORMATION & READ THE ATTACHED CREDIT CARD AGREEMENT.

15574



X _____
Applicant Signature Date

X _____
Joint Applicant Signature (if applicable) Date

202-038-00 (10/2011) SPA

