

**1. APPLICANT INFORMATION: Please tell us about yourself.**

Name (First-Middle-Last) Please Print		Date of Birth	Social Security No.	Home Phone No.
Mailing Address* Apt.# City State Zip		Time at Address		Cell / Other Phone Where We May Call You
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name Street Address (Street Name and Number)		Yrs. Mos.		( )
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		Monthly Net Income From All Sources	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Time At Job
				Employer's Phone No.
				Relative Phone No.

**2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "CARCAREONE" CREDIT CARD)**

Name (First-Middle-Last) Please Print		Date of Birth	Social Security No.	Home Phone No.
Mailing Address* Apt.# City State Zip		Time at Address		Cell / Other Phone Where We May Call You
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name Street Address (Street Name and Number)		Yrs. Mos.		( )
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		Monthly Net Income From All Sources	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No.
				( )

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

By signing this application, I ask that GE Money Bank ("you") issue me a CarCareONE<sup>SM</sup> credit card. I am providing this information both to you and to dealers that accept the CarCareONE<sup>SM</sup> Credit Card. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to dealers that accept the CarCareONE<sup>SM</sup> Credit Card (and their affiliates) for use in connection with the CarCareONE<sup>SM</sup> Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the CarCareONE<sup>SM</sup> credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these TERMS INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Utah. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

Signature of Applicant	Signature of Co-Applicant (if Applicable)
X _____	X _____
(Please Do Not Print)	(Please Do Not Print)
Date	Date

**NOTICE TO MARRIED WISCONSIN RESIDENTS:** No provision of a marital property agreement, a unilateral statement under Sec. 766.59 Wis. Statutes, or a court decree under Sec. 766.70 Wis. Statutes, adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. If you are married, you acknowledge that this account is being opened in the interest of your marriage or family. If you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form. If your spouse also is a Wisconsin resident, we are required by law to obtain the name and address of your spouse.

**PROTECT YOUR CREDIT CARD ACCOUNT WITH ACCOUNT SECURITY - (Optional)**

By signing to purchase Account Security, I acknowledge that I do not need to purchase Account Security to get credit. A store associate has read me the disclosures set forth below (if the associate solicited this application for Account Security) and I have received and read the disclosures that are set forth below and in the Account Security Summary attached. I agree that you may bill my Account a fee each month of \$1.50 per \$100 of the average daily balance of my Account as provided in the terms of the Account Security agreement. I may cancel at any time.

YES, I would like to purchase Account Security Sign Here to Enroll **X** \_\_\_\_\_  
Account Security is not available for residents of Alabama and Mississippi.

**Store Associates who solicit applications for Account Security must read the following disclosure to the customer:**

- 1) Account Security is optional and your decision whether to purchase or not will not affect your application or the terms of any existing credit agreement you have with the issuing bank.
- 2) You will get complete terms of the Account Security program in the mail before your first payment for Account Security is due.
- 3) You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Account Security benefits.

I have read the disclosures set forth to the customer.  
Store Associate Initials \_\_\_\_\_; Store Associate Name \_\_\_\_\_

<b>FOR RETAILER USE ONLY</b> (Validation of Customer I. D.)				VERIFIED BY:	
RETAILER #	ACCOUNT #	KEY #	AMOUNT OF INITIAL TRANSACTION		
APPLICANT 1st ID TYPE/NUMBER	ISSUANCE STATE	EXP. DATE	APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government					
CO-APPLICANT 1st ID TYPE/NUMBER	ISSUANCE STATE	EXP. DATE	CO-APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government					
RETAILER PHONE #	RETAILER FAX #	APPLICANT SIGNATURE MATCH		APPLICANT PHOTO MATCH	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

