



17770

# 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

Synchrony Bank  
**Applicant**

REVOLVING PHONE: 1-888-222-2176

REVOLVING FAX: 1-888-222-2986

First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Do You:  Own  Rent  Other  
( One)

Mailing Address \_\_\_\_\_ APT # \_\_\_\_\_

Years at Residence \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Social Security Number/Individual Tax Identification Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Phone\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If the above address is a P.O. 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\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 & the merchants 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/Individual Tax Identification Number \_\_\_\_\_

Home Phone / Other Phone\* Where We May Call You \_\_\_\_\_  
Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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 Synchrony Bank ("SYNCB") to issue me a SYNCB Credit Card (the "Card"), and I agree that: I am providing the information in this application to SYNCB and the merchants that accept the Card and program sponsors (and their respective affiliates). I also provide my consent to SYNCB to provide information about me (even if my application is declined) to merchants 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. SYNCB 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 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 SYNCB 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, the Agreement will be sent to me and 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. 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.

X \_\_\_\_\_  
Applicant Signature Date

X \_\_\_\_\_  
Joint Applicant Signature (if applicable) Date

Applicant's Primary ID (Type, Number, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. \_\_\_\_\_  
Joint Applicant's Primary ID (Type, Number, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. \_\_\_\_\_

Account # \_\_\_\_\_ Store Fax # \_\_\_\_\_

5 3 4 8 1 2  
Store #

Total Sale Amount \$ \_\_\_\_\_



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