

APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT

Credit is extended by Synchrony Bank.

** 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.

Name (First-Middle-Last) Plea	se Print		Date of Birth	hooking.	reside in the United States a Social Security Number/ITI	N Home i	hone Number *
			1	1	-	()
lailing Address	Apt.#	City		State	ZIP	Cell/Ot	ner Phone Number *
the above address is a P.O. Contact Person Name	Box, you must provide a s Street Address (Street	street address for et Name and Nun	r yourself or a conta nber)	act person.	☐ Your Address? ☐ City	Contact Person? State	ZIP
Housing Information OWN OTHER RENT	Alimony, child support or income need not be inclu- for credit. You may inclu- that you have available assets. **	r separate mainte uded unless relied ide the monthly a e to spend from	enance Monthly Ne d upon From All So mount n your	et Income Em	ployer's Phone Number *	Relati	ve Phone Number *
Email Address (optional)*	lassets.						
You authorize Synchrony Ban	nk ("SYNCB") to contact yo	ou at each phone SYNCB and the d	number you have p	rovided. By provetailers that acce	riding a cell phone number and ept the Card. Standard text me	d/or email address, essaging rates may	you agree to receive accorapply.
. JOINT APPLICANT II	NFORMATION: An ad those made by any autho	Iditional card will I	he issued to the ner	son indicated be	elow. The applicant (and joint a ay send notices to you and/or	applicant if any) wi	Il be liable for all transacti
f whether you live at that add Name (First-Middle-Last) Plea			Date of Birth	1	Social Security Number/ITI	IN Home	Phone Number *
Mailing Address	Apt.#	City		State	ZIP	Cell/Of	her Phone Number *
If the above address is a P.O. Contact Person Name	. Box, you must provide a Street Address (Stre	street address for et Name and Nu	or yourself or a cont mber)	act person.	□ Your Address? □ City	Contact Person? State	ZIP
Housing Information	Alimony shild s	unnert or concret		, K			er's Phone Number *
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OWN OTHER RENT OTHER					Monthly Net Income From All S	ources Employ	el s Phone Number
	INT APPLICANT: We	e need your s	signature(s) be	low		ources Employ	el s Friorie Number
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OWN OTHER Email Address (optional) * B. APPLICANT and JOI by applying for this account, I am providing the informat my consent for SYNCB to respective affiliates) so tha SYNCB may obtain informa or collect my account. I consent to SYNCB, and or artificial or prerecorded provisions of the SYNCB CI I have received, read and will govern my account. Ar	INT APPLICANT: We am asking Synchrony Bank ion in this application to S' provide information about they can create and updation from others about me any other owner or service calls for information credit Card agreement ("Aq agree to the credit terms a mong other things, the Agreement can be applied to the credit terms are mong other things, the Agreement can be applied to the credit terms are mong other things, the Agreement can be applied to the credit terms are mong other things, the Agreement can be a considered to the credit terms are mong other things, the Agreement can be a considered to the credit terms are mong other things, the Agreement can be a considered to the credit terms are more considered to the credit terms are considered	e need your s ("SYNCB") to iss YNCB and to dea ut me (even if m ate their records, (including reques eer of my accoun nal, servicing or o greement"). I also and other discloss reement: (1) including	signature(s) be sue me a SYNCB creaters/merchants/reta y application is decount of the sub- ting reports from coret, contacting me ab- collection related co- or agree to update moures in this applicatures are solving a	low edit card (the "Ca tillers that accept blined) to dealer h service and sp nsumer reporting bout my account bommunications, y contact inform ion, and I unders a dispute with a	ard"), and I agree that: If the Card and program spons re/merchants/retailers that accepted offers. It agencies and other sources) to a sprovided in the Address/Pation and that if my application is arbitration provision that lime.	ors (and their respondent the Card and to evaluate my applicages, automatic tehone Change and approved, the Agrits my rights unl	ective affiliates). I also proprogram sponsors (and ication, and to review, matched by the consent To Communicate to the consent To Communicate to me the consent to the consent to the consent will be sent to me
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