

## Credit for Dental Services

The attached application and information is for a credit card/line of credit or loan to help you finance your dental treatment. You should know that:

You are applying for a \_\_\_\_\_ credit card/line of credit or a \_\_\_\_\_ loan for \$ \_\_\_\_\_. You do not have to apply for the credit card/line of credit or loan. You may pay your dentist for dental treatment in another manner.

This credit card/line of credit or loan is not a payment plan with the dental office; it is credit with CareCredit/GE Money Bank. Your dentist does not work for CareCredit/GE Money Bank.

Before applying for this credit card/line of credit or loan, you have the right to a written treatment plan from your dentist that includes the anticipated treatment to be provided and the estimated costs of each service.

If you are approved for a credit card/line of credit, your dentist can only charge treatment and lab costs to that credit card/line of credit when you receive the treatment or the dentist incurs costs unless your dentist has first given you a list of treatments that you are paying for in advance and the cost for each treatment or service.

You have the right to receive a credit to your credit card/line of credit or to have your loan account refunded for any costs charged to the credit card/line of credit or loan account for treatment that has not been rendered or costs that your dentist has not incurred. Your dentist must refund the amount of the charges to CareCredit/GE Money Bank within 15 business days of your request, after which CareCredit/GE Money Bank will credit your account.

Please read carefully the terms and conditions of this credit card/line of credit or loan, including any promotional offers.

You may be required to pay interest on the amount charged to the credit card/line of credit or the amount of the loan. If you miss a payment or do not pay on time, you may have to pay a penalty and/or a higher interest rate.

If you do not pay the amount that you owe CareCredit/GE Money Bank, your missed payments can appear on your credit report and could hurt your credit rating. You could also be sued.

Patient's Signature \_\_\_\_\_

TOP SECTION FOR OFFICE USE ONLY

|                              |   |                          |           |                                |   |  |  |
|------------------------------|---|--------------------------|-----------|--------------------------------|---|--|--|
| <b>ESTIMATED FEE \$</b>      |   | Office Merchant #        |           |                                | Pre-Approval Offer<br><input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____ |  |  |
| Photo ID verified (initial): | Applicant 1st ID Type / Number #<br><input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government | Issuance State           | Exp. Date | Applicant 2nd ID Type / Issuer | Exp. Date   |  |  |
| Provided by GE Money Bank:   | Account #   | Authorization # or Key # |           |                                | Approved Credit Limit   |  |  |

**1. APPLICANT INFORMATION: Please tell us about yourself.** For WI residents, 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.

|  |  |                                 |  |  |                     |  |                    |                          |  |
|--|--|---------------------------------|--|--|---------------------|--|--------------------|--------------------------|--|
| Name (First-Middle-Last) Please Print  |  |                                 | Date of Birth / /                            |  | Social Security No. |  | Home Phone No. ( ) |                          |  |
| Mailing Address* Apt.# City State Zip  |  |                                 | 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. <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? |  |                                 |  |  |                     |  |                    |                          |  |
| Contact Person Name Street Address (Street Name and Number)  |  |                                 | City   |  | State               |  | Zip                |                          |  |
| Housing Information<br><input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER   |  | Nearest Relatives Phone No. ( ) |  | Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.   |                     | Monthly Net Income From All Sources \$ _____ |                    | Employer's Phone No. ( ) |  |
| E-Mail Address (optional)  |  |                                 |  | By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC. |                     |  |                    |                          |  |

**2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF CO-APPLICANT REQUESTING A "CARECREDIT CREDIT CARD")**

|  |  |                                 |  |  |                     |  |                    |                          |  |
|--|--|---------------------------------|--|--|---------------------|--|--------------------|--------------------------|--|
| Name (First-Middle-Last) Please Print  |  |                                 | Date of Birth / /                            |  | Social Security No. |  | Home Phone No. ( ) |                          |  |
| Mailing Address* Apt.# City State Zip  |  |                                 | 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. <input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? |  |                                 |  |  |                     |  |                    |                          |  |
| Contact Person Name Street Address (Street Name and Number)  |  |                                 | City   |  | State               |  | Zip                |                          |  |
| Housing Information<br><input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER   |  | Nearest Relatives Phone No. ( ) |  | Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.   |                     | Monthly Net Income From All Sources \$ _____ |                    | Employer's Phone No. ( ) |  |
| Co-Applicant ID Type / Number #<br><input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government                         |  |                                 |  | Issuance State   | Exp. Date           | Co-Applicant 2nd ID Type / Issuer            |                    | Exp. Date                |  |
| E-Mail Address (optional)  |  |                                 |  | By providing an e-mail address, I consent to receive e-mail confirmation of my Application, communications about my Account and periodic offers and updates from GE Money Bank and CareCredit LLC. |                     |  |                    |                          |  |

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

I am providing the information in this application to GE Money Bank ("GEMB"), to CareCredit LLC, to participating professionals ("Participating Professionals") that accept the CareCredit Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to CareCredit LLC and to Participating Professionals and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
- GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the GEMB Credit Card Agreement ("Agreement") a copy of which is attached will be sent to me and will govern my account.
- Among other things, the Agreement: (1) **INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS**; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
- I consent to GEMB 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 (whether now or in the future), 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.
- This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies).

Federal law requires GEMB to obtain, verify and record information that identifies applicants when opening an account. GEMB will use applicants' 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, Key Credit Terms and Agreement on the next pages and have been provided my credit line applicable to the account. GEMB reserves the right to refuse to open an account in my name if GEMB determines that I no longer meet GEMB's credit criteria or if I do not meet GEMB's debt to income requirements.

|   |  |
|---|--|
| Signature of Applicant<br><b>X</b><br>_____<br>(Please Do Not Print) Date | Signature of Co-Applicant (if Applicable)<br><b>X</b><br>_____<br>(Please Do Not Print) Date |
|---|--|