



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.

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		Yrs. ___ Mos. ___		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?		City State Zip	
Contact Person Name		Street Address (Street Name and Number)		City State Zip	
Housing Information	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.
<input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	\$ _____		Yrs. ___ Mos. ___	() - () - ()	() - () - ()
E-Mail Address (optional)		By providing an E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to CarCareONE sm so that I may receive such communications, offers and updates.			

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "CARCAREONEsm 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		Yrs. ___ Mos. ___		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?		City State Zip	
Contact Person Name		Street Address (Street Name and Number)		City State Zip	
Housing Information	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.		
<input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	\$ _____		() - () - ()		
E-Mail Address (optional)		By providing an E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to CarCareONE sm so that I may receive such communications, offers and updates.			

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 CarCareONEsm, to dealers ("Dealers") that accept the CarCareONEsm 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 CarCareONEsm and to Dealers 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 CarCareONEsm Card Agreement ("Agreement") 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 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.

Please note that you must reside in the United States and be 18 years or older to apply.

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

FOR RETAILER USE ONLY (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)
# _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government			EXP. DATE
CO-APPLICANT 1st ID TYPE/NUMBER	ISSUANCE STATE	EXP. DATE	CO-APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)
# _____ <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government			EXP. DATE
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