

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 ____ Mths ____		Cell / other phone you can be reached at ()	
If the above address is a P.O. Box, you must provide a street address for yourself or contact person below. <input type="checkbox"/> Your Address <input type="checkbox"/> Contact Person					
Housing Information <input type="checkbox"/> PARENTS <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	Monthly Net Income from all sources \$ _____ <small>Alimony, Child Support or Separate Maintenance Income need not be disclosed unless relied upon for credit.</small>	Time at Job Yrs ____ Mths ____	Employers Phone Number ()		Relative Phone Number ()
Email Address (optional)					<small>By providing an email address, I consent to receive email communications about my account and authorize you to provide my email address to GECAF so that I may receive such communications, offers and updates</small>

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A GECAF 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 ____ Mths ____		Cell / other phone you can be reached at ()	
If the above address is a P.O. Box, you must provide a street address for yourself or contact person below. <input type="checkbox"/> Your Address <input type="checkbox"/> Contact Person					
Housing Information <input type="checkbox"/> PARENTS <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	Monthly Net Income from all sources \$ _____ <small>Alimony, Child Support or Separate Maintenance Income need not be disclosed unless relied upon for credit.</small>	Employers Phone Number ()			
Email Address (optional)					<small>By providing an email address, I consent to receive email communications about my account and authorize you to provide my email address to GECAF so that I may receive such communications, offers and updates</small>

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 GECAF, to dealers ("Dealers") that accept the GECAF 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 GECAF 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 GECAF 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 AGREEMENTS 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.
- GEMB may contact me about my account as described in the Agreement, including using any contact information I provide.
- 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 _____ (Please do not Print) Date	X _____ (Please do not Print) Date

FOR RETAILER USE ONLY (Validation of Customer I.D.)		VERIFIED BY	
RETAILER #	ACCOUNT #	KEY #	AMOUNT OF INITIAL TRANSACTION
APPLICANT 1st I.D. TYPE/NUMBER <input type="checkbox"/> FEDERAL IDENTIFICATION _____ <input type="checkbox"/> DRIVERS LICENSE _____ STATE _____ EXP DATE _____		APPLICANT 2nd I.D. (Credit Card Type / Issuer) _____ Exp. Date _____	
CO-APPLICANT 1st I.D. TYPE/NUMBER <input type="checkbox"/> FEDERAL IDENTIFICATION _____ <input type="checkbox"/> DRIVERS LICENSE _____ STATE _____ EXP DATE _____		CO-APPLICANT 2nd I.D. (Credit Card Type / Issuer) _____ Exp. Date _____	
RETAILER PHONE #	RETAILER FAX #	APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE READ AND KEEP THE GE MONEY BANK KEY CREDIT TERMS AND INITIAL CARDHOLDER DISCLOSURE STATEMENT BEFORE SIGNING THE APPLICATION