

# Start Today!

## CareCredit®

### With CareCredit . . .

- ✓ Get all the care needed now, take time to pay
- ✓ Low monthly payments
- ✓ Low Interest Extended Payment Plan available, for more time to pay
- ✓ No Interest options available\* (Ask for more details)  
(Minimum monthly payments required. Interest accrues from date of purchase)

\*If you are approved as a CareCredit cardholder, you will pay no Finance Charges on the balance for promotional healthcare purchases if you pay at least the minimum monthly payment due on the promotional balance (and any other balance not exempt from monthly payments) each month when due and you pay the entire promotional amount by the promotional due date. If you do not make these payments when due, Finance Charges will be assessed on the promotional amount from the transaction date. The variable APR is 22.98% as of January 1, 2006. There is a \$1.00 minimum Finance Charge.

### Step 1 Please follow these guidelines when completing your application:

✓ Please have available, two forms of ID that can be verified: one primary ID and one secondary ID or two primary IDs. If using a co-applicant, the co-applicant must be present and also provide two forms of ID. Acceptable primary ID are State issued driver's license (preferred), government issued ID, State issued ID, Passport, Military ID or Government issued Green/Resident Alien card. Acceptable secondary ID are Visa, MasterCard, American Express, Discover, department store or an oil company credit card with an expiration date.

✓ Please include all forms of income\* from all full-and part-time jobs, bonuses, commissions, and investments.

✓ You must be at least 18 years of age to apply.

\* You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.

### Step 2 Please complete the rest of the application on the reverse side →

TOP SECTION FOR OFFICE USE ONLY

Submit by PHONE: **(800) 859-9975**

Submit by INTERNET: **CARECREDIT.COM**

<b>ESTIMATED FEE \$</b>		<b>Office Merchant #</b>			Pre-Approval Offer <input type="checkbox"/> Accepted <input type="checkbox"/> Refused Date _____	
Photo ID verified (initial):	Applicant 1st ID Type / Number # _____ <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 <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ( )	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. ( ) -

**2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE 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 <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Nearest Relatives Phone No. ( )	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. ( ) -
Co-Applicant ID Type / Number # _____ <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	

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

By signing this application, I ask that GE Money Bank ("you") issue me a CareCredit credit card. I am providing this information to you, to CareCredit, LLC and to participating professionals that accept the CareCredit Credit Card. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to CareCredit, LLC, and to participating professionals that accept the CareCredit Credit Card (and their respective affiliates) for use in connection with the CareCredit Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the CareCredit credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these Terms INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Utah. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

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.

I request that you open up the type of account I have been pre-approved for and I have read the Key Credit Terms and the Pre-screen Disclosures on the next page.

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

We may refuse to open an account in your name if we determine that you no longer meet our credit criteria.

**PROTECT YOUR CREDIT CARD ACCOUNT WITH ACCOUNT SECURITY - (Optional)**

By signing to purchase Account Security, I acknowledge that I do not need to purchase Account Security to get credit. I have received and read the disclosures that are set forth below and in the Account Security Summary attached. I agree that you may bill my Account a fee each month of \$1.50 per \$100 of the average daily balance of my Account as provided in the terms of the Account Security agreement. I may cancel at any time.

**YES, I would like to purchase Account Security** Sign Here to Enroll **X** \_\_\_\_\_  
Account Security is not available for residents of Alabama and Mississippi.

**Office managers who solicit applications for Account Security must read the following disclosure to the applicant:**

1) Account Security is optional and your decision whether to purchase or not will not affect your application or the terms of any existing credit agreement you have with the issuing bank. 2) You will get complete terms of the Account Security program in the mail before your first payment for Account Security is due. 3) You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Account Security benefits.



**THE KEY CREDIT TERMS OF THE CARECREDIT CREDIT CARD AGREEMENT ARE AS FOLLOWS:**

<b>Annual Percentage Rate for Purchases and Cash Advances</b>
<b>22.98%</b> (variable)
<b>Delinquency Rate *</b>
26.99% (fixed)
<b>Variable Rate Information</b>
The Annual Percentage Rate for all Accounts (excluding the Delinquency Rate) may vary and will equal the prime rate plus 14.73%, but in no event less than 22.98%. The "prime rate" is the highest bank prime loan rate as published in <u>The Wall Street Journal</u> in its Money Rates section on the 5th business day preceding the first day of the billing period.
<b>Grace Period for Repayment of the Balance for Purchases</b>
25 days if no previous balance and full payment is made; otherwise none.
<b>Method of Computing the Balance for Purchases</b>
Two Cycle Average Daily Balance (including New Purchases)
<b>Minimum Finance Charge</b>
\$1.00

\* If you do not make your required Minimum Payment by the Payment Due Date two times in any six consecutive billing periods, the Delinquency Rate (rather than the Standard Rate) will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period in which you missed your second Payment Due Date. Once the Delinquency Rate applies, if you make any required Minimum Payment by the Payment Due Date in twelve consecutive billing periods, the next Statement you receive will reflect the Standard Rate (rather than the Delinquency Rate) which will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period reflected on that Statement.

The information about the costs of the Card described above is accurate as of 01/01/06. This information may have changed after that date. To find out what may have changed, write us at RSF FCRA, P.O. Box 981439, El Paso, TX 79998-1439. The terms of the agreement may be changed by us as provided in the agreement.

**All accounts are owned and credit is extended by GE Money Bank, Salt Lake City, Utah.** You acknowledge that all information about you shown on the acceptance certificate is true, and that no agreement exists between you and us until we approve and accept the certificate in our offices in Utah. You agree that the use of your card will be governed by Utah and applicable federal law, and you agree to be bound by the terms of the CareCredit Credit Card Agreement which will be sent to you with your card, as they may be revised from time to time. Married applicants may apply for a separate account. Service (finance) charges will be imposed on the outstanding balances from month to month in amounts or at rates not in excess of those permitted by law. You may pay your total unpaid balance at any time. If applicable, as permitted by law, we take a security interest in purchases made on your Account. Except where prohibited, the terms of the CareCredit Credit Card Agreement provide for the daily compounding of finance charges.

**Late Payment Fee:** \$15 if the Balance is \$0 - \$99.99; \$29 if the Balance is \$100.00 - \$999.99; and \$35 if the Balance is \$1000 or more. (Balance means Previous Balance on Statement that shows the Late Fee.)

**Overlimit Fee:** \$29

**Returned Check Fee:** \$29

**Transaction Fee for Cash Advances:** 4% of the amount of each cash advance, but not less than \$5 or more than \$50.

You give us and any holder of your Account permission to request a consumer report from a consumer reporting agency in considering your response certificate and subsequently for the purpose of any update, renewal, or extension of credit or for reviewing or collecting the Account. Upon your request, we will inform you of the name and address of each consumer reporting agency from which we obtained a consumer report, if any, relating to you.

**PRESCREEN AND OPT OUT NOTICE**

Please read if you have received a pre-approval for a credit card

*You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-567-8688. If you have received a "prescreen" offer of credit, the offer is based on information in your credit report indicating that you meet certain criteria. This offer is not guaranteed if you do not meet our criteria. If you do not want to receive prescreened offers of credit from this and other companies, call the consumer reporting agencies toll-free, at 1-888-567-8688, or write to: Trans Union LLC, Attn: Name Removal Option, P.O. Box 97328, Jackson, MS 39288-7328; Equifax Options, P.O. Box 740123, Atlanta, GA 30374-0123; or Experian Opt-Out, P.O. Box 919, Allen, TX 75013.*

**WISCONSIN RESIDENTS:** No provision of a marital property agreement, a unilateral statement under Sec. 766.59, Wis. Stats., or a court decree under Sec. 766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse obligation when the obligation to the creditor is incurred. **We are required to ask married residents of Wisconsin applying for an individual account to give us the name and address of your spouse, regardless of whether your spouse may use the card. Please provide that information on the certificate you return to us.**

## INITIAL DISCLOSURE STATEMENT

**You need not accept this credit card or pay any fee disclosed unless you use the card.**

The following is an initial disclosure statement. If you are approved for a CareCredit credit card, a complete credit card agreement ("Agreement") governing your CareCredit credit card account ("Account") will be sent to you along with your credit card. The CareCredit credit card is issued by GE Money Bank ("Bank"). In this disclosure statement, "we", "us", and "our" means the Bank; "you" and "your" means all persons who we approve to use the Account; and "Card" means your CareCredit credit card. You may use your Account to purchase goods or services ("Purchases") or to obtain cash advances ("Cash Advances") by writing checks ("Checks") we may provide to you from time to time or by other means we may make available.

### PERIODIC FINANCE CHARGES.

- A. The total periodic Finance Charge imposed in a billing period ("Current Billing Period") is total of (i) the daily periodic Finance Charges on Purchases and Cash Advances in the Current Billing Period, plus (ii) the total of the periodic Finance Charges on new Purchases in the previous billing period ("Previous Billing Period"). However, there will be no periodic Finance Charges imposed in the Current Billing Period on any Purchases (including new Purchases in the Previous Billing Period) if for each billing period you pay your New Balance, including any Cash Advance balance and any balance of Purchases made under any Special Payment Plan, in full on or before the Payment Due Date for such billing period. In addition, there will be no periodic Finance Charges imposed in the Current Billing Period on any new Purchases in the Previous Billing Period if daily Finance Charges were imposed on those new Purchases in the Previous Billing Period.
- B. The periodic Finance Charge imposed in the Current Billing Period on Purchases or Cash Advances for the Current Billing Period is determined by multiplying the Periodic Rate for the Current Billing Period times the Daily Balances of Purchases or Cash Advances in the Current Billing Period to determine the daily periodic Finance Charges, and adding together those daily periodic Finance Charges for each day in the Current Billing Period. The periodic Finance Charge imposed in the Current Billing Period on new Purchases for the Previous Billing Period is determined by multiplying the Periodic Rate for the Current Billing Period times the Daily Balances of new Purchases in the Previous Billing Period to determine the daily periodic Finance Charges, and adding together those daily periodic Finance Charges for each day in the Previous Billing Period. However, there is a minimum periodic **FINANCE CHARGE** of \$1 for a billing period in which a periodic Finance Charge is assessed.
- C. The periodic Finance Charges will be determined separately for charges incurred under any Special Payment Plan in accordance with the terms established for such Special Payment Plan. *You understand and acknowledge that this Account provides for the daily compounding of periodic Finance Charges.*

### PERIODIC RATES

- A. The Periodic Rate for your Account is the Standard Rate, unless the Delinquency Rate applies as described below. The Standard Rate for a billing period is the greater of (i) the Prime Rate plus 14.73%, times 1/365, or (ii) **06295% (ANNUAL PERCENTAGE RATE 22.98%)**. The Standard Rate shall not exceed **.06780% (ANNUAL PERCENTAGE RATE 24.75%)**. The "Prime Rate" for a billing period is the highest bank prime loan rate as published in *The Wall Street Journal* in its Money Rates section on the fifth business day preceding the first day of the billing period. As of January 1, 2006, the Standard Rate was **.06295% (ANNUAL PERCENTAGE RATE 22.98%)**.
- B. When the Standard Rate applies, the Periodic Rate and corresponding Annual Percentage Rate may vary. If the Prime Rate increases, the Periodic Rate and corresponding Annual Percentage Rate may increase, and as a result the periodic Finance Charge, Minimum Payment and number of payments also may increase. Any change in the Standard Rate will apply to your entire Account balance. We may select a new interest rate index if the Prime Rate is not available.

- C. If you do not make your required Minimum Payment by the Payment Due Date two times in any six consecutive billing periods, the Delinquency Rate (rather than the Standard Rate) will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period in which you missed your second Payment Due Date. The Delinquency Rate is a fixed rate of **.07394% (ANNUAL PERCENTAGE RATE 26.99%)**. Once the Delinquency Rate applies, if you make any required Minimum Payment by the Payment Due Date in twelve consecutive billing periods, the next Statement you receive will reflect the Standard Rate (rather than the Delinquency Rate) which will apply to all existing balances on your Account and all new transactions beginning with the first day of the billing period reflected on that Statement.

### BALANCE SUBJECT TO PERIODIC FINANCE CHARGES.

- A. To calculate the Daily Balance of Purchases in the Current Billing Period, we take the beginning Daily Balance of Purchases in your Account each day in the Current Billing Period, add any new Purchases, fees (other than Transaction Fees for Cash Advances), debt cancellation fees, or credit insurance premiums assessed that day. We also add other debits assessed that day, and subtract any payments or credits issued on that day, allocated to the Purchase balance. We then multiply this Daily Balance of Purchases by the Periodic Rate or the Current Billing Period and add the daily periodic Finance Charge to the ending Daily Balance of Purchases to determine the beginning Daily Balance of Purchases for the next day.
- B. To calculate the Daily Balance of Cash Advances in the Current Billing Period, we take the beginning Daily Balance of Cash Advances in your Account each day in the Current Billing Period, add any new Cash Advances or Transaction Fees for Cash Advances assessed that day. We also add other debits assessed that day, and subtract any payments or credits issued on that day, allocated to the Cash Advance balance. We then multiply this Daily Balance of Cash Advances by the Periodic Rate for the Current Billing Period and add the daily periodic Finance Charge to the ending Daily Balance of Cash Advances to determine the beginning Daily Balance of Cash Advances for the next day.
- C. To calculate the Daily Balance of new Purchases in the Previous Billing Period, we take the beginning Daily Balance of new Purchases in your Account each day in the Previous Billing Period, and add any new Purchases that day. We also add other debits assessed that day, and subtract any payments or credits issued on that day, allocated to the balance of new Purchases. We then multiply this Daily Balance of new Purchases by the Periodic Rate for the Current Billing Period and add the daily periodic Finance Charge to the ending Daily Balance of new Purchases to determine the beginning Daily Balance of new Purchases for the next day.
- D. Any Daily Balance of less than zero will be treated as zero. Purchases and Cash Advances are included in the Daily Balance of your Account as of the transaction date or, at our option, as of the date the transaction is posted to your Account.

**WHEN PERIODIC FINANCE CHARGES BEGIN TO ACCRUE.** Purchases and Cash Advances begin to accrue periodic Finance Charges from the day the charge is included in the Daily Balance of the Account and continue to accrue finance charges until the charge is paid in full. However, you can avoid periodic Finance Charges on new Purchases in the Current Billing Period if for each billing period you pay your New Balance, including any Cash Advance balance and any balance of Purchases made under any Special Payment Plan, in full on or before the Payment Due Date for such billing period. There is no period within which you can avoid periodic Finance Charges on Cash Advances or Transaction Fees for Cash Advances.

**PAYMENTS.** You must pay at least the Minimum Payment on your billing statement by the Payment Due Date shown on the billing statement. You may pay more than the Minimum Payment at any time. Your Minimum Payment will be (i) the greater of \$10 or 3% of the New Balance minus any balance attributable to any Special Payment Plan that involves delayed or special payments, rounded to the next lowest dollar, plus (ii) any past due amounts. However, the Minimum Payment is the New Balance if the New Balance is less than \$10. You must pay any past due amounts as part of your Minimum Payment. We reserve the right to select the method by which payments and credits are allocated to your Account in our sole discretion.

The payment allocation method that we use may result in higher Finance Charges on your Account, depending on the types of transaction you make (such as promotional or non-promotional purchases), and the timing and amount of your payments. On promotions requiring a minimum payment, payments over the minimum will usually be applied to those promo balances before non-promo and other balances. If you have a non-promo balance, this may reduce the benefit from the promo. If you want to change this allocation, please call customer service at 1-866-893-7864.

**FEES.** You agree to pay the following fees.

- A. A Late Payment Fee, if we have not received your Minimum Payment by the Payment Due Date shown on your Statement. The amount of the Late Payment Fee will be based on your New Balance at the end of the billing period ending after the Payment Due Date. The Late Payment Fee will be \$15 for a New Balance under \$99.99; \$29 for a New Balance \$100.00 to \$999.99; and \$35 for a Balance of \$1000.00 or more.
- B. A Returned Check Fee of \$29 if any check or other instrument sent to us, or any electronic payment authorization you provide us in payment on your Account, is not honored upon first presentment, even if the check, instrument or electronic authorization is later honored.
- C. An Over Limit Fee of \$29 for each billing period in which your New Balance as shown on your Statement exceeds your Credit Limit. We may assess an Over Limit Fee even if we authorize the transactions on your Account that caused you to exceed your Credit Limit or if you exceed your Credit Limit as a result of unpaid Finance Charges, the billing of deferred accrued Finance Charges or other fees.
- D. A Transaction Fee for each Cash Advance that posts to your Account. This fee will be a **FINANCE CHARGE** equal to 4% of the amount of the Cash Advance, with a minimum of \$5 and a maximum of \$50.
- E. A Returned Loan Check Fee of \$20, on your Account in the event any Check on your Account is not honored by us because (i) the portion of your Credit Limit available for Checks is insufficient to cover the amount of the Check, (ii) you have filed a petition in bankruptcy, (iii) the Check has expired, or (iv) your Account has been closed.
- F. A Stop Payment Fee of \$20 if we stop payment on any Check at your request.

**SECURITY INTEREST.** You grant us a purchase money security interest in each item of merchandise purchased on your Account to secure its unpaid purchase price until such merchandise is paid in full. Solely for the purpose of determining the extent of our purchase money security interest in each such item of merchandise, your payments will be allocated first to Finance Charges on the Account, and then to pay off each Purchase on the Account in the order in which the Purchase was made (if more than one item was purchased on the same day, your payments will be allocated to pay off the lowest priced item first). If you made a Purchase pursuant to a credit promotion, the balance with respect to the promotional Purchase may be shown on Statements during the promotional period and may reflect a different payment allocation method. In no event will we assert a security interest in the promotional Purchase for an amount greater than the lowest balance shown on a Statement for that promotional Purchase. We agree that no security interest is or will be retained or acquired under this Agreement in any real property which is used or is expected to be used as your dwelling.

**CHANGE IN TERMS.** We may, at any time and subject to applicable law, change, add or delete provisions of the Agreement ("Terms Change") or terminate your Account. Unless prohibited by applicable law, we may apply any Terms Change to any outstanding or future balances of your Account.

**ARBITRATION.** The Agreement contains an arbitration provision that may substantially limit your rights in the event of a dispute, including your right to litigate in court or have a jury trial, discovery and appeal rights, and the right to participate as a representative or member of a class action. You have a right to reject the arbitration provision, by following the instructions in the arbitration provision. If you reject arbitration, it will have no effect on any other terms of the Agreement

**Notice:** The following is important information regarding your right to dispute billing errors.

#### **YOUR BILLING RIGHTS - KEEP THIS NOTICE FOR FUTURE USE**

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

#### **Notify Us in Case of Errors or Questions About Your Bill.**

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address shown on your Statement under billing inquiries. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights.

In your letter, give us the following information:

- Your name and Account number
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

#### **Your Rights and Our Responsibilities After We Receive Your Written Notice**

We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill was correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell you the name of anyone we reported you to. We must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

#### **Special Rule for Credit Card Purchases**

If you have a problem with the quality of property or services that you purchased with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right:

- (a) You must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and
- (b) The purchase price must have been more than \$50.

These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.

## PRIVACY POLICY

This Privacy Policy describes our information collection and sharing practices. Please read it carefully. The Policy applies only to current and former customers and applicants in their relationships with us relating to consumer CareCredit Credit Card Accounts of GE Money Bank ("we" or "us"). In this Policy, the term "Provider" refers to both CareCredit/LLC and to each participating professional that accepts the CareCredit Credit Card.

**Information We Collect** - We collect personally identifiable information about you, (such as address, phone number, social security number, mother's maiden name, and transaction information about items purchased, payments and payment method), for identification, account management, servicing and marketing purposes. We obtain information about you directly from you (such as on application forms), through your use of our products and services, and in some cases, from third parties (such as credit bureaus and demographic firms). Occasionally, we may also collect information about you online using "cookies" (small pieces of data stored by your Internet browser on your computer) or other technology that may be used to remember passwords for you, to track your website usage with us, and to provide you with customized content, among other things.

**Information We Share with Others** - We may use and share all of the information we collect, subject to applicable law, with the following (these examples are not intended to be all-inclusive):

- **Provider and its affiliates**, for use in connection with the consumer CareCredit Credit Card program and as otherwise permitted by law. They may use this information to update their records, to provide you with notices of special promotions and other tailored offerings, to answer questions about your Account and to perform other CareCredit Credit Card program functions or for other purposes permitted by law. They may use their affiliates, licensees, or third-party service providers (such as modeling and database companies) to assist them in any of these activities.
- **Service Providers**, (including our affiliates) to assist us in servicing Accounts, like preparing billing statements and promotional materials, and responding to customer inquiries. We also may use marketing firms, such as modeling companies, to assist us in our own marketing efforts.
- **Financial Institutions with whom we jointly offer financial products**, such as loan products or credit insurance. If your billing address is in Vermont, this information will be limited to your name and contact information, and transaction and experience information on your Account.
- **Our Affiliates, who are other companies in the General Electric Company corporate family** ("GE Family"), for servicing or marketing purposes, subject to your right to opt out of sharing of credit eligibility information, such as certain information from credit bureaus and your application, as provided in the *It's Your Choice* section below. And, subject to your right to opt out, our affiliates also may use information from us concerning your credit eligibility, and your transactions and experience with us, to send you marketing solicitations about products and services.
- **Third Parties, who are interested in offering special products or services to you**, subject to your right to opt out as provided in the *It's Your Choice* section. For example, we disclose information, either directly or through Provider, to financial services providers offering products such as insurance, mortgages or loans, and nonfinancial companies offering consumer products and services. We may disclose name, address and telephone numbers, as well as Account purchase and performance history.
- **Others**: We report Account information, such as credit limit, balances and payment information, to credit bureaus. In addition, we may buy and sell assets, lines of business and/or Accounts. When this occurs, customer information generally is disclosed to bidders and is one of the transferred business assets. We also disclose information about you to third parties in certain other circumstances, as permitted by law.

**It's Your Choice** - You have the right to opt out of our sharing of information with certain third parties, as described below. **To opt out please call us toll-free at 1-877-905-2097, or write to us at RSF FCRA, P.O. Box 981439, El Paso, TX 79998-1439. If you have previously informed us of your preference, you do not need to do so again.**

**Please do not share information about me with companies outside the GE Family, other than with Provider and its affiliates for use in connection with the CareCredit Credit Card program and as otherwise permitted by law. And please do not share with companies within the GE Family information you use to determine my eligibility for credit. And please do not allow companies within the GE Family to solicit me for products and services based on transaction, experience or credit eligibility information they receive from you.**

### Important Notes About Your Choice

- Please understand that, even if you opt out as described above, we will continue to share information with the Provider associated with your Account, joint marketing partners and service providers as described in this policy, and as otherwise permitted by law. And we will continue to share information that identifies you, and about your transactions and experiences with us, with companies within the GE Family.
- If you have a joint account, a request by one party will apply to all parties on the account.
- We will process your request promptly. However, it may take us several weeks to ensure that all records are updated with your preference. In the interim, you may continue to be included in programs as described above. Also, after your request is processed, you may still be contacted by our affiliates and/or other companies based on their own information.
- Even if you opt out, we will continue to provide you with billing inserts and mail notices of special offers and new benefits.
- **Vermont Residents:** If (and while) your billing address is in Vermont, we will treat your Account as if you had exercised the opt-out choice described above and you do not need to contact us in order to opt out. If you move away from Vermont and you wish to restrict us from sharing information about you as provided in this Policy, you must then contact us to exercise the opt-out choice described above.

**Our Security Procedures** - We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard nonpublic personal information about you. We limit access to personal and Account information to those employees and agents who assist us in providing products and services to you. We also require third parties to whom we disclose nonpublic personal information to adhere to this Privacy Policy and to establish information security procedures.

**Your Access to Information** - We provide you access to information about your Account by sending you monthly billing statements outlining your transactions, finance charges, and other Account information, and by providing customer service representatives to answer your questions.

**How This Policy Applies to You** - The examples contained in this Privacy Policy are illustrations only, and are not intended to be all-inclusive. If you decide to close your Account or become an inactive customer, or if we close or suspend your Account, we will continue to adhere to the privacy policies and practices described in this notice to the extent we retain information about you. We may amend this Privacy Policy at any time, and we will inform you of changes as required by law. You may have other privacy protections under state laws and we will comply with applicable state laws when we disclose information about you. This Privacy Policy applies only to current and former customers and applicants in their relationships with us relating to consumer CareCredit Credit Card Accounts of GE Money Bank and does not apply to any other accounts you may have with us, and replaces our previous disclosures to you about our information practices.

## Important Information for Approved Cardholders

If you are approved for CareCredit<sup>®</sup>, please note your 16-digit account number and credit limit.

**Account Number:** \_\_\_\_\_

**Credit Limit:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_



**Your CareCredit Card:** Should arrive **within 14 days**. You can use your account before your card arrives with your account number and your ID.

**Your CareCredit Statement:** Your first statement from GE Money Bank should arrive **approximately one month** after your initial transaction date (the date when the charge is processed through the terminal.) This date may differ from the date you first applied for your CareCredit card.

### GE Cardholder Inquiry Center (866) 893-7864

The GE Cardholder Inquiry Center can answer questions regarding your CareCredit account. Please call the GE Cardholder Inquiry Center for all inquiries including:

- Change of address and/or phone number
- Account balance and/or payment due date
- Replacement card(s)
- Requests for Credit Line Increases
- Copies of statements or,
- Any other questions regarding your account.

#### Important Financing Information

##### If you have a No Interest Payment Plan:

- **Minimum monthly payments are required to keep your account current.** Your statement shows the minimum monthly payment amount. You can pay more than the minimum payment each month in order to repay the promotional purchase balance by its due date.
- **The Deferred Finance Charge in the Promotional Purchase Summary of your monthly statement is the amount of deferred interest charges accumulated to date.** You will not pay these finance charges if the entire promotional purchase balance is paid by its due date.
- **To avoid paying finance charges/interest, the entire promotional purchase balance must be paid in full by its due date.** See Promotional Purchase Summary for more details.
- For two or more Promotional Purchases, payments will be applied to the first EXPIRING Promotional Purchase.

##### If you have a Fixed Payment Plan:

- **You must make the minimum monthly payment indicated on the statement to keep your account current.**
- You may pay more than the required monthly payment.

← Your signature here indicates **optional** enrollment in the **Account Security Program**. You may cancel at any time by calling the Customer Care Center at 1-866-846-6991.

## ACCOUNT SECURITY PROGRAM Summary of Terms

The Account Security Program ("Program") is **optional**. Whether or not you purchase the Program will not affect your application for credit or the terms of any existing credit agreement you have with GE Money Bank ("Bank").

Upon acceptance of your enrollment in the Program, you will receive the complete Program Agreement. Please read the Program Agreement carefully since it provides a complete explanation of the Program. The following is only a summary of the Program, including a summary of the eligibility requirements, conditions and exclusions that could prevent you from receiving benefits under the Program.

Debt Cancellation is provided under the terms of the Program for the following events ("Covered Events"): Involuntary Unemployment, Leave of Absence, Disability, Hospitalization, Nursing Home Care, or Loss of Life with respect to the primary cardholder (the person whose name is listed first on the billing statement).

**COST:** The monthly fee for the Program is \$1.50 per \$100 of the average daily balance of your Account as provided in the Program Agreement. The fee is subject to change upon notice to you as required by law.

**PROTECTIONS FOR YOU:** The outstanding balance on your Account, as of the date of the Covered Event, **up to \$10,000**, is cancelled under the terms of the Program Agreement for the following Covered Events:

**INVOLUNTARY UNEMPLOYMENT:** You must be involuntarily unemployed for at least 90 consecutive days. Unemployment for which you had notice within 90 days prior to enrollment in the Program or which begins within 60 days after enrollment in the Program is not covered. You must have been employed full-time in a non-seasonal occupation as of the date of involuntary unemployment, be eligible for state unemployment benefits and register within 15 days of the unemployment for work at a recognized employment agency. Unemployment caused by the following reasons is also excluded: (a) your voluntary forfeiture of employment, salary, wages or other employment income; (b) your resignation; (c) your retirement; (d) your involuntary termination of employment as the result of willful or criminal misconduct; (e) scheduled termination of your employment pursuant to an employment contract; (f) termination of seasonal employment; (g) your imprisonment; or (h) a reduction in number of hours worked that does not result in total elimination of employment income.

**LEAVE OF ABSENCE:** You must be on an unpaid employer approved leave of absence for at least 90 consecutive days. A leave of absence within 60 days after enrollment in the Program is not covered. You must have been employed full-time in a non-seasonal occupation as of the date the leave began.

**DISABILITY:** You must be disabled for at least 90 consecutive days. Disability caused by the following reasons is excluded: (a) normal pregnancy or childbirth; (b) an intentionally self-inflicted injury, whether you are sane or insane; (c) flight in non-scheduled aircraft; (d) war, declared or undeclared, including any act of war; or (e) foreign travel or residence.

**HOSPITALIZATION:** You must be hospitalized while under continuous care by a physician for at least 14 consecutive days. Hospitalization caused by or resulting from the following reasons will not be covered: (a) normal pregnancy or childbirth; or (b) an intentionally self-inflicted injury, whether you are sane or insane.

**NURSING HOME CARE:** You must be confined to a licensed nursing home while under continuous care by a physician for at least 14 consecutive days.

**LOSS OF LIFE:** You lose your life.

**ENDING YOUR PROTECTION:** You may terminate your enrollment in the Program at any time. If you choose to terminate within 60 days of enrollment, Bank will credit to your Account any Program fee you have been charged. Bank may terminate your enrollment in the Program by providing written notice to you. Your enrollment in the Program will terminate automatically if you fail to make any required minimum payment on your Account in any two consecutive billing periods.

**HOW TO CLAIM BENEFITS:** You may obtain a form to request debt cancellation by calling toll free at 1-866-846-6991 or by writing to Account Security, P.O. Box 39, Roswell, GA 30077-0039. You must also provide documents described in the Program Agreement for a particular Covered Event. In addition, you agree to provide any additional information or documents reasonably requested by Bank in connection with our review of your request for debt cancellation.

### ADDITIONAL IMPORTANT DISCLOSURES:

- Bank reserves the right to modify the Program at any time and will provide you notice as required by law.
- Cancelled debt under the Program may be taxable as income if provided by law. Please consult your tax advisor for guidance.
- You must continue to make any required minimum payments on your Account after a Covered Event until the outstanding balance on your Account is paid off. A Covered Event (other than death) must occur continuously for the specified period of time before debt cancellation can be requested.
- You may continue to use your Account after a Covered Event, subject to the terms of your Account Agreement. However, the amount of debt cancelled under the Program does not include purchases on your Account after the Covered Event (unless those purchases are covered due to a subsequent Covered Event while you continue to have the Program).
- Any arbitration provisions that may apply with respect to your Account Agreement shall also apply with respect to the Program.
- The Program is not insurance.
- The Program is not available for residents of Alabama and Mississippi.