



Two Types of Promotional Options May Be Available

One or more of these promotional options may be available on qualifying purchases made with your CareCredit credit card account, based on your provider and your purchase. Not all promotions are available at all providers. Ask your provider for details.

No Interest if Paid in Full within 6, 12, 18 or 24 Months*

Interest at the rate of **26.99%** will be charged to your account from the date of purchase if the promotional purchase is not paid in full within the promotional period. To avoid late fees, you must make your Total Minimum Monthly Payments by the due date each month. These Minimum Monthly Payments may or may not pay off the promotional purchase before the end of the promotional period. **To make sure that you are not charged the interest accrued at 26.99%, you must pay the total promotional purchase amount within the promotional period.**

OR

Reduced APR and Fixed Monthly Payments Required Until Paid in Full**

Fixed monthly payment amount based on repayment over 24, 36, 48 or 60 month period. Purchases of \$1,000 or more may be eligible for a 24 months offer with a 14.90% APR, a 36 months offer with a 15.90% APR or a 48 months offer with a 16.90% APR. Purchases of \$2,500 or more may be eligible for a 60 months offer with a 17.90% APR.

*,** See Page 12 for details

What You Should Know When Using CareCredit

For “No Interest if paid in full” promotions, you will have to pay interest that accrues at **26.99%** from the date of purchase if you do not pay the full amount within the promotional period.

Your account should only be charged for services that have been completed or that will be provided within 30 days of the initial charge on your account. CareCredit's agreement with your provider prohibits charges for products or services that are not delivered or completed within 30 days of the charge, unless the charges are for custom products or orthodontic services.

Right to Refund.[†] CareCredit knows that healthcare procedures can be a significant investment. CareCredit provides you with the right to a refund to your CareCredit account for any dental or audiology transaction amount greater than \$1,000 if the transaction occurred within three days of the date your provider submitted the application. Note that exercising this right does not preclude your provider from directly attempting to collect payment from you for services rendered.

[†] Applicable only if you applied for your CareCredit credit card account through a dental or audiology provider; does not apply to applications submitted directly to CareCredit via the telephone or online.

Step 1 Please follow these guidelines when completing your application:

- ✓ **Please have available two forms of ID that can be verified. If using a joint applicant, the joint applicant must be present and also provide two forms of ID.**
- ✓ **Please include all forms of income from all full and part-time jobs, bonuses, commissions, and investments.** You need only include child support, alimony, or separate maintenance income if you wish this income to be considered in your application.
- ✓ **Please note that you must reside in the United States and be 18 years or older to apply.**

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



CareCredit
APPLICATION AND CREDIT CARD ACCOUNT AGREEMENT
 Credit is extended by Synchrony Bank.

For providers, (800) 859-9975 or CARECREDIT.COM/PROVIDERCENTERLOGIN
 For patients/clients, (800) 365-8295 or CARECREDIT.COM

Submit the application:

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

****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.

1. APPLICANT INFORMATION: Please tell us about yourself. Please note that you must reside in the United States and be 18 years or older to apply.

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security Number/ITIN - -		Home Phone Number* ()	
Mailing Address		Apt.#	City	State	ZIP	Cell/Other Phone Number* ()	
If the above address is a P.O. Box, you must provide a street address for yourself or a contact person.				<input type="checkbox"/> Your Address? City		<input type="checkbox"/> Contact Person? State ZIP	
Contact Person Name		Street Address (Street Name and Number)					
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets.**		Monthly Net Income From All Sources \$		Business/Work Phone Number* ()	
Email Address (optional)*		*You authorize Synchrony Bank ("SYNCB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive account updates and information, including text messages, from CareCredit LLC, providers that accept the CareCredit credit card and Synchrony Bank. Standard text messaging rates may apply.					

2. JOINT INFORMATION: An additional card will be issued to the person indicated below. The applicant (and joint applicant, if any) will be liable for all transactions made on the account including those made by any authorized user. JOINT APPLICANT: You agree that we may send notices to you and/or applicant at the applicant's address, regardless of whether you live at that address.

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security Number/ITIN - -		Home Phone Number* ()	
Mailing Address		Apt.#	City	State	ZIP	Cell/Other Phone Number* ()	
If the above address is a P.O. Box, you must provide a street address for yourself or a contact person.				<input type="checkbox"/> Your Address? City		<input type="checkbox"/> Contact Person? State ZIP	
Contact Person Name		Street Address (Street Name and Number)					
Housing Information <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		**Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets.		Monthly Net Income From All Sources** \$		Business/Work Phone Number* ()	
Email Address (optional)*		*You authorize Synchrony Bank ("SYNCB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive account updates and information, including text messages, from CareCredit LLC, providers that accept the CareCredit credit card and Synchrony Bank. Standard text messaging rates may apply.					

3. APPLICANT and JOINT APPLICANT: We need your signature(s) below.

I ask Synchrony Bank ("SYNCB") to issue me a CareCredit Credit Card (the "Card") and I agree:

- To the CareCredit Credit Card agreement ("Agreement").
- I am providing the information in this application to SYNCB, CareCredit LLC, and providers that accept the Card and program sponsors (and their respective affiliates), and I consent to SYNCB's providing information about me to CareCredit LLC, providers that accept the Card and program sponsors (and their respective affiliates) for their own business purposes.
- SYNCB may obtain credit reports and other information, including employment and income, about me to evaluate my application and for other purposes.
- SYNCB, and any other owner or servicer of my account, may contact me about my account, including through text messages, automatic telephone dialing systems and/or artificial or prerecorded voice calls for informational, servicing or collection related communications, as provided in the Address/Phone Change and Consent To Communications provisions of the Agreement. I also agree to update my contact information.
- The Agreement will govern my account and includes: **(1) a resolving a dispute with arbitration provision that limits my rights unless: (a) I reject the provision by following the provision's instructions or (b) I am covered by the Notice for Active Duty Military Members and their Dependents set forth in the Agreement;** and **(2) makes each applicant responsible for paying the entire amount of credit extended.**
- **Applicants applying for credit arranged by a provider in California only:** I have received and signed a notice that I received from my provider entitled "Credit or Loan for Health Care Services."

PLEASE SEE NEXT PAGE FOR RATES, FEES AND OTHER COST INFORMATION.

Federal law requires SYNCB to obtain, verify and record information that identifies you when you open an account. SYNCB will use your 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, credit terms and other disclosures on the next pages and have been provided my credit limit applicable to the account. SYNCB reserves the right to refuse to open an account in my name if SYNCB determines that I no longer meet SYNCB's credit criteria or if I do not have sufficient income.

If you apply with a Joint Applicant, each of you will be jointly and individually responsible for obligations under the Agreement and by signing below, you each agree that you intend to apply for joint credit.

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

182-077-00 PLEASE READ THE SYNCHRONY BANK CREDIT CARD ACCOUNT AGREEMENT BEFORE SIGNING THIS APPLICATION.

REV 040219