

## 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.*

### **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

### **14.90% 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 are eligible for a 24, 36 or 48 month offer and purchases of \$2,500 or more are eligible for a 60 month offer.

\*,\*\* 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.**<sup>†</sup> 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.

<sup>†</sup> 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

Submit the application:  
For providers, (800) 859-9975 or CARECREDIT.COM/PRO  
For patients/clients, (800) 365-8295 or CARECREDIT.COM

<b>ESTIMATED FEE \$</b>		<b>Office Merchant #</b>		Signature of Provider (Please Do Not Print)		Pre-Approved Offer	
				X _____ Date _____		<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient Care	
Phone ID (cellular) (initial)	Account ID Type / Number	Insurance State	Exp. Date	Account ID Type / Issuer		Exp. Date	
	<input type="checkbox"/> Direct Connect <input type="checkbox"/> State Based <input type="checkbox"/> Private Insurance						
	Joint Account ID Type / Number	Insurance State	Exp. Date	Joint Account ID Type / Issuer		Exp. Date	
	<input type="checkbox"/> Direct Connect <input type="checkbox"/> State Based <input type="checkbox"/> Private Insurance						
Provided by Synchrony Bank	Account #	Authorization # or Fee #		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		Home Phone Number*	
		/ /		- -		( )	
Mailing Address		Apt #		City		State ZIP	
						( )	
If the above address is a P.O. Box, you <b>must</b> 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		Nearest Relative Phone Number		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	
<input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		( )				\$	
Email Address (optional)*		*You authorize Synchrony Bank ("SYNCSB") 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		Home Phone Number *	
		/ /		- -		( )	
Mailing Address		Apt #		City		State ZIP	
						( )	
If the above address is a P.O. Box, you <b>must</b> 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		Nearest Relative Phone Number		**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**	
<input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		( )				\$	
Email Address (optional)*		*You authorize Synchrony Bank ("SYNCSB") 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.

By applying for this account or accepting a prescreen offer, I am asking Synchrony Bank ("SYNCSB") to issue me a CareCredit Credit Card (the "Card"), and I agree that:

- I am providing the information in this application to SYNCSB, CareCredit LLC, and providers that accept the Card and program sponsors (and their respective affiliates). I also provide my consent for SYNCSB to provide information about me (even if my application is declined or my account is not opened) to CareCredit LLC, providers that accept the Card and program sponsors (and their respective affiliates) so that they can create and update their records, and provide me with service and special offers.
- SYNCSB may obtain information from others about me (including requesting reports from consumer reporting agencies and other sources) to evaluate my application or determine whether to open my account, and to review, maintain, or collect my account.
- I consent to SYNCSB 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, 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.
- I have received, read and agree to the credit terms and other disclosures in this application, and I understand that if my application is approved or an account is opened, the SYNCSB credit card account agreement ("Agreement") will govern my account. Among other things, the Agreement: (1) includes a resolving a dispute with arbitration provision that limits my rights unless I reject the provision by following the provision's instructions; and (2) makes each applicant responsible for paying the entire amount of the credit extended.

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

Federal law requires SYNCSB to obtain, verify and record information that identifies you when you open an account. SYNCSB 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 provided my credit limit applicable to the account. SYNCSB reserves the right to refuse to open an account in my name if SYNCSB determines that I no longer meet SYNCSB'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)