

PREFERRED CUSTOMER APPLICATION AND INITIAL CARDHOLDER DISCLOSURE

A credit service of GE Money Bank

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

	NFORMATION: PIE	ease tell us ab								
Name (First-Middle-Last) Pleas	e (First-Middle-Last) Please Print		Date of Birth		Social	Security No.	Home (Home Phone No.		
Mailing Address*	Apt.#	Apt.# City		State		Time at Addres		Cell / Other Phone Where We May Call You		
*If the above address is a PO Contact Person Name	Box, you must provide a street address (S	ess for yourself or a contact treet Name and Number)	person.	Your Address	? 🗖	Contact Person? City	<u>:</u>	State	Zip	
Housing Information	Monthly Net Income From All Source	ces Alimony, child support maintenance income r disclosed unless relie	or separate need not be	Time At Job		Employer's Phone No.		Relative P	hone No.	
PARENTS/RELATIVE	\$	disclosed unless relii credit.	ed upon for	Yrs Mos.		() -		()	-	
2. CO-APPLICAN	T INFORMATION (C	OMPLETE ONLY IF - CO	O-APPLICA	NT WILL RECEIV	EA "NA	MM MUSIC MONEY P	LATINUMCR	EDIT CARD")	
Name (First-Middle-Last) Pleas	(First-Middle-Last) Please Print		Date of Birth		Social Security No.		1 .	Home Phone No.		
Mailing Address *	Ap	ot.# Ci	ity	State		Zìp		Other Phone W	/here We May Call You	
*If the above address is a PO Contact Person Name	Box, you must provide a street addres Street Address (S	ess for yourself or a contact street Name and Number)	person.	☐ Your Addre	ss?	Contact Person?		State	Zip	
Housing Information PARENTS/RELATIVE OWN PENT OTHER	Monthly Net Income From All So	urces Alimony, child need not be di	support or se sclosed unle	parate maintenance ss relied upon for d	e income redit.		Employer's Ph	ione No.		
Federal law requires us	nd CO-APPLICAN in, I ask that GE Money Ba Customer Credit Card. I als rmation about my Account, trogram, including to create ages and tailored offerings. I authorize you to my application, and subseques of each consumer reporting overn my Account, the terms ION PROVISION WHICH Mithe Agreement, I grant you prove my application, and the of my marital status. After tended under this Account the sto obtain, verify, and reformation for this purposition.	cord information th	iomer reco tion I have consider ne of reviewin you obtain y incorpora LIMIT MY goods purc greement subject to that at identifi	es you when	you o	them in better server and truthful and the guesting reports frougesting my account inderstand that the and made a part e on this application, as permitted by law been made in Ugreement, each Apple pen an account.	ing me, and it my Accour, im consume t. Upon m Preferred C of this appli represents w. I unders tah. I unders tah. I under we will us	i to provide of will be us a reporting y request, sustomer crication, and my signatur, tand that the restand that use this Acse your na	me with notices ed only for persona agencies and othy you will advise medit card agreeme I that these TERM e on the Agreemer ere is no agreeme I may apply for nocount and will each me, address, dame, address, dame,	
V					oo rippiioui	it (in Applicable)				
(Please Do Not Print)		Date		X(Plea	se Do Not	Print)		Da	ite	
	PROTECT YO	UR CREDIT CARD	ACCOUN	T WITH ACCO	DUNT S	SECURITY - (Option	onal)			
Summary attached. I as Account Security agree YES, I would like to	Account Security, I acknowler into solicited this application of gree that you may bill my Account. I may cancel at any tin purchase Account Securit of available for residents of	dge that I do not need or Account Security) a ount a fee each mont ne. Sign Her	to purchas and I have r h of \$1.50 e to Enrol	se Account Sec eceived and rea per \$100 of the	urity to	get credit. A store a	ssociate has	s read me the second of the se	he disclosures set Account Security in the terms of the	
Account Security is have with the issue You will get complete you should careful Security benefits.	ete terms of the Account Solly read the detailed summands set forth to the customer.	whether to purchase	e or not w	ill not affect yo	our app	lication or the term	s of any ex	Ü	,	
FOR RETAILED II	SE ONLY MULTIPLE ACCUS	emer I D)			VERIFIE) BY:				
FOR RETAILER USE ONLY (Validation of Customer I. D.) RETAILER # ACCOUNT #						# AMOUNT OF INITIAL				
APPLICANT 1st ID TYPE/NUMBER	₹		ISSUANCE	STATE EXP. DAT	E I	APPLICANT 2nd ID (CREDI	TRANSAC	CTION	EXP. DATE	
# Driver's Licen	se 🖸 State Issued 🗓	Federal Government						*		
CO-APPLICANT 1st ID TYPE/NUM		Federal Government	ISSUANCE	STATE EXP. DATE	C	O-APPLICANT 2nd ID (CRED	OIT CARD TYPE 8	& ISSUER)	EXP. DATE	
RETAILER PHONE #		RETAILER FAX #				APPLICANT SIGNATURE N	MATCH	ł	ANT PHOTO MATCH	

