

Credit is extended by Synchrony Bank.

****MARRIED Wisconsin 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 in section 1, 2, and 3. 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
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? <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"/> OTHER <input type="checkbox"/> RENT	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 SYNCB and the dealers/merchants/retailers that accept the Card. Standard text messaging rates may apply.

2. JOINT APPLICANT 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
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? <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"/> OTHER <input type="checkbox"/> RENT	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)*				

TEAR AT PERFORMATION

3. APPLICANT and JOINT APPLICANT: Please complete the information below and sign. Retain the application above the perforation for your records.

Applicant Name (First-Middle-Last) Please Print	Date of Birth (yyyy only)	Social Security Number/ITIN (last 4 digits only)	Email Address (optional)*
Joint Applicant Name (First-Middle-Last) Please Print	Date of Birth (yyyy only)	Social Security Number/ITIN (last 4 digits only)	Email Address (optional)*

By applying for this account, I am asking Synchrony Bank ("SYNCB") to issue me a SYNCB credit card (the "Card"), and I agree that:

- I am providing the information in this application to SYNCB and to dealers/merchants/retailers that accept the Card and program sponsors (and their respective affiliates). I also provide my consent for SYNCB to provide information about me (even if my application is declined) to dealers/merchants/retailers 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.
- SYNCB may obtain information, including employment and income information, from others about me (including requesting reports from consumer reporting agencies and other sources) to evaluate my application, and to review, maintain or collect my account.
- I consent to SYNCB, and any other owner or servicer of my account, contacting 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 SYNCB Credit Card agreement ("Agreement"). I also agree to update my contact information.
- 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, the Agreement will be sent to me and will govern my account. Among other things, the Agreement: (1) **includes 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 on page 8;** and (2) makes each applicant responsible for paying the entire amount of the credit extended.

PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT 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 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 _____

FOR RETAILER USE ONLY (Validation of Customer ID)

RETAILER #				VERIFIED BY:			
APPLICANT 1 st ID TYPE		ISSUANCE STATE	EXP. DATE	APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)		AMOUNT OF INITIAL SALE/TRANSACTION	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government						EXP. DATE	
JOINT APPLICANT 1 st ID TYPE		ISSUANCE STATE	EXP. DATE	JOINT APPLICANT 2 nd ID (CREDIT CARD TYPE & ISSUER)		EXP. DATE	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government							
RETAILER PHONE #		RETAILER FAX #		APPLICANT SIGNATURE MATCH		APPLICANT ID MATCH	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

TO BE RETAINED BY APPLICANT(S) TO PROTECT YOUR INFORMATION

TO BE RETAINED BY MERCHANT

Must Complete All Information Below (If Applicable)

FAX:

Upon completion, please FAX back to us at: 417-708-0805
or email us at: kchapman@championautolift.com

➔ Amount to Finance: \$ _____

6 Month

12 Month

➔ I have Read & Agree to Synchrony Financial Terms _____ (Initials Required)

TWO FORMS OF IDENTIFICATION (APPLIES TO EACH APPLICANT)

Both Drivers License & Credit Card Information is Required

APPLICANT	
Driver License Number:	Credit Card Type: (e.g. Visa, MasterCard, etc.)
Expiration Date:	Card Issuer: (e.g. Chase, BofA, etc.)
State Issued:	Expiration Date:

CO-APPLICANT (IF APPLICABLE)	
Driver License Number:	Credit Card Type: (e.g. Visa, MasterCard, etc.)
Expiration Date:	Card Issuer: (e.g. Chase, BofA, etc.)
State Issued:	Expiration Date:

PLEASE PROVIDE A COPY OF YOUR DRIVER LICENSE (APPLIES TO EACH APPLICANT)

Required

Required (if Applicable)