



# Outdoor Power Equipment Consumer Credit Application

Please note that you must reside in the United States and be 18 years or older to apply.

24170

Synchrony Bank  
APPLICATION MUST BE SIGNED.

Please fax to 1-800-924-3214

Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H

## Applicant

First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ APT # \_\_\_\_\_

Do You:  Own  Rent  Other  
(✓ One)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone\* \_\_\_\_\_

Social Security Number/Individual Tax Identification Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Cell / Other Phone\* Where We May Call You \_\_\_\_\_

If the above address is a P.O. Box, you must provide a street address for yourself or a contact person

Business/Work Phone\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

\$ \_\_\_\_\_ Monthly Net Income† From All Sources

Email Address (optional) \_\_\_\_\_ \*You authorize Synchrony Bank to contact you at each phone number you have provided. By providing a cell phone number you agree to receive 1) account updates and information and 2) account security alerts, including text messages from Synchrony Bank. Message frequency varies. Message and data rates may apply. Text HELP for help, text STOP to Opt-Out. Terms and Conditions and Privacy Policy: www.synchrony.com. †Your Net Income includes what you earn or reasonably expect to earn from employment, investments, retirement, social security benefits and public assistance. You can also include money that someone else deposits regularly into your account (individual or joint) and the amount that you have available to spend from your assets. If you are 21 or over, you may also include the amount of someone else's income that is regularly used to pay your expenses. Alimony, child support or separate maintenance income need not be included unless relied upon for credit. WI Residents only: If this is an individual account, please include your spouse's income.

## Joint Applicant

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 an 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.

First Name \_\_\_\_\_ M. Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ APT # \_\_\_\_\_

Do You:  Own  Rent  Other  
(✓ One)

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone / Other Phone\* Where We May Call You \_\_\_\_\_  
Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Social Security Number/Individual Tax Identification Number \_\_\_\_\_

Business/Work Phone\* \_\_\_\_\_  
Monthly Net Income† From All Sources \$ \_\_\_\_\_

## Applicant/Joint Applicant Signatures

**NOTICE:** This is an application for a credit card account issued by Synchrony Bank ("SYNCB"). If this application is not approved by SYNCB, you direct SYNCB or Merchant, sponsor or dealer ("Dealers") to share all of your application information, on your behalf, with other lending and lease-to-own providers in connection with your desire to obtain financing. You authorize such lenders to obtain one or more consumer reports about you, including to determine whether you may be prequalified for loan products they offer. The rates, fees, and other credit terms provided with this application apply only to the account issued by SYNCB. Other financing products may have different rates, fees, and terms. Notwithstanding the foregoing, SYNCB, Merchant or Dealer have no obligation to share your application information.

I ask Synchrony Bank ("SYNCB") to issue me a SYNCB Credit Card (the "Card"), and I agree: To the SYNCB Credit Card agreement ("Agreement"); 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), and I consent to SYNCB's providing information about me to dealers/merchants/retailers 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: **(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 in the Agreement; and (2) makes each applicant responsible for paying the entire amount of credit extended; Authorization for the Social Security Administration to Disclose Your Social Security Number Verification.** I authorize the Social Security Administration (SSA) to verify and disclose to SYNCB through SentiLink Verification Services Corp, SYNCB's service provider, for the purpose of this transaction whether the name, Social Security Number (SSN) and date of birth I have submitted matches information in SSA records. My consent is for a one-time validation within the next 90 days.

**Federal law requires SYNCB to obtain, verify and record information that identifies applicants when opening an account. Synchrony Bank will use applicants' name, address, date of birth, and other information for this purpose. PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT FOR RATES, FEES & OTHER COST INFORMATION.** 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. **Please ask Dealer for more information about the Loan product before signing this application.**

- Please have a form of ID available that can be verified. If using a joint applicant, the joint applicant must be present and also have a form 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.
- You must reside in the United States and be 18 years or older to apply.

CHECK HERE if you want to only be considered for the Card.

Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_ Joint Applicant Signature X \_\_\_\_\_ Date \_\_\_\_\_

## Merchant

Applicant's Primary ID (Type, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. \_\_\_\_\_ Joint Applicant's Primary ID (Type, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp. \_\_\_\_\_

Account # \_\_\_\_\_ Store Fax # \_\_\_\_\_

Store # 534812

Estimated Sales Amount \$ \_\_\_\_\_



24170

