

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.

1. APPLICANT INFORMATION: Please tell us about yourself.

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security No. - -		Home Phone No. ()	
Mailing Address* Apt.# City State Zip		Time at Address Yrs. Mos.		Cell / Other Phone Where We May Call You ()			
*If the above address is a PO 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"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		Monthly Net Income From All Sources \$		Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.		Time At Job Yrs. Mos. () -	
				Employer's Phone No. () -		Relative Phone No. () -	

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "FLOOR COVERING PRO CREDIT CARD")

Name (First-Middle-Last) Please Print		Date of Birth / /		Social Security No. - -		Home Phone No. ()	
Mailing Address* Apt.# City State Zip		Time at Address Yrs. Mos.		Cell / Other Phone Where We May Call You ()			
*If the above address is a PO 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"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER		Monthly Net Income From All Sources \$		Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.		Employer's Phone No. () -	

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

By signing this application, I ask that GE Money Bank ("you") issue me a Floor Covering Pro credit card. I am providing this information both to you and to dealers that accept the Floor Covering Pro Credit Card. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to dealers that accept the Floor Covering Pro Credit Card (and their affiliates) for use in connection with the Floor Covering Pro Credit Card program, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful and that my Account will be used only for personal, family and household purposes. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the Floor Covering Pro credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these TERMS INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Utah. I understand that I may apply for my own Account regardless of my marital status. After credit approval and subject to the governing credit agreement, each Applicant may use this Account and will each be liable for all credit extended under this Account to any Applicant or Authorized User.

Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.

I request that you open up an account, and I have read the key terms for the rates, fees and other cost information and the Pre-Screen Disclosures on the next page.

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

PROTECT YOUR CREDIT CARD ACCOUNT WITH DEBT SECURITY - (Optional)

By signing to purchase Debt Security, I acknowledge that I do not need to purchase Debt Security to get credit. A store associate has read me the disclosures set forth below (if the associate solicited this application for Debt Security) and I have received and read the disclosures that are set forth below and in the Debt Security Summary attached. I agree that you may bill my Account a fee each month of \$0.99 per \$100 of the average daily balance of my Account as provided in the terms of the Debt Security agreement. I may cancel at any time.

YES, I would like to purchase Debt Security Sign Here to Enroll X _____
 Debt Security is not available for residents of Alabama and Mississippi.

Store Associates who solicit applications for Debt Security must read the following disclosure to the customer:

- 1) Debt Security is optional and your decision whether to purchase or not will not affect your application or the terms of any existing credit agreement you have with the issuing bank.
- 2) You will get complete terms of the Debt Security program in the mail before your first payment for Debt Security is due.
- 3) You should carefully read the detailed summary of terms, eligibility requirements, conditions and exclusions that could prevent you from receiving Debt Security benefits.

I have read the disclosures set forth to the customer.

Store Associate Initials _____; Store Associate Name _____

FOR RETAILER USE ONLY (Validation of Customer I. D.)				VERIFIED BY:			
RETAILER #		ACCOUNT #		KEY #		AMOUNT OF INITIAL TRANSACTION	
APPLICANT 1st ID TYPE/NUMBER #		ISSUANCE STATE EXP. DATE		APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)		EXP. DATE	
<input type="checkbox"/> Driver's License <input type="checkbox"/> State issued <input type="checkbox"/> Federal Government							
CO-APPLICANT 1st ID TYPE/NUMBER #		ISSUANCE STATE EXP. DATE		CO-APPLICANT 2nd 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 PHOTO MATCH	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

