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HOME SOURCE SEWING

APPLICATION AND INITIAL CARDHOLDER DISCLOSURE

A credit service of GE Money Bank

| Application and Initial Cardholder Disclosure For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine you and your spouse's financial information on the application form. | | | | | | | | | |
|---|-----------------------------|----------------|-----------------|------------|---------------------|----------------------|------|--|--|
| Credit Requirements: | | | | | | | | | |
| Product you are interested in: | Amount of credit requested: | | | | | | | | |
| APPLICANT INFORMATION: Please tell us about yourself. | | | | | | | | | |
| Name (First-Middle-Last): | | | Date of Birth (| (M-D-Y): | Social Security No. | Home Pho | ne: | | |
| | | | | | | | | | |
| Mailing Address: | Aj | pt.# City: | | State: | Zip: | Time at address: | | | |
| | | | | | | Yrs. | Mos. | | |
| Other Phone where we may call you: | | | Drivers license | no.: | Dr | ivers license state: | | | |
| If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. | | | | | | | | | |
| Email Address: | | | | | | | | | |
| Your address? | Contact Person? | | | | | | | | |
| Contact Person Name: | Street Addres | s (Street Name | e and Number): | Cit | y: | State: Zip: | | | |
| | | | | | | | | | |
| Housing Information: | Parent/Rela | ıtive | Own | Rent | Other: | | | | |
| Monthly Income From All Source: 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 |): | | | |
| CO-APPLICANT INFORMATION | (COMPLETE ONLY I | F CO-APPLICA | NT WILL RECEI | VE A "HOME | DESIGN CREDIT CAR | 2D") | | | |

| Name (First-Middle-Last): | Date of Birth (Month-Day-Year): | Social Security No. | | Home Phone: | | | | | |
|---|--|---------------------|-------|------------------|--|--|--|--|--|
| Mailing Address: | App.# City: | State: | Zip: | Time at address: | | | | | |
| | | | | Yrs. Mos. | | | | | |
| If the above address is a P.O. Box, you must provide a street address for yourself or a contact person. | | | | | | | | | |
| Contact Person Name: | Street Address (Street Name and Number): | City: | | State: Zip: | | | | | |
| | | | | | | | | | |
| Housing Information: | Parent/Relative Own | Rent | Other | | | | | | |
| Monthly Income From All Source: | Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit. | | | | | | | | |
| Employer's Phone No: | Drivers License required for processing: | | | | | | | | |

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

By signing this application, I ask that American General/GE Money Bank ("you") issue me a Home Design Credit Card. I am providing this information both to you and to retailers that accept the Home Design 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 retailers that accept the Home Design Credit Card (and their affiliates) for use in connection with the Home Design Credit Card program, including to create and update their customer records about 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 for personal, family, or household purposes. I authorize you to make inquires 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 the the Home Design Credit Card agreement (the "agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made 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 c

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 or birth, and other information for this purpose.

Signature of Applicant

X_____

Date_____

Signature of Co-Applicant (if applicable) X

Date____

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By signing to purchase Debt Security Plus, I acknowledge that I do not need to purchase Debt Security Plus to get credit. A store associate has read me the disclosures set forth below (if the associate solicited this application for Debt Security Plus) and I have received and read the disclosures that are set forth below and in the Debt Security Plus 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 Plus agreement. Though this product is not insurance, property insurance may be obtained from an insurer of my choice. I may cancel at any time.

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

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

- 1. Debt Security Plus 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 Plus program in the mail before your first payment for Debt Security Plus 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 Plus benefits.

Please fill out the entire application above, then print this page.

Sign and date all required areas and FAX TO (760)739-8448, including a LEGIBLE copy of your state drivers license or state picture ID.

You may also mail the completed application and photocopy of ID to:

SEWINGMACHINESPLUS.COM 711 Center Drive, STE 104 San Marcos, CA 92069

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