



53965

CUTTING EDGE CONSUMER APPLICATION - E1 CUT

PLEASE READ THE ATTACHED DISCLOSURES AND SIGN BELOW BEFORE SUBMITTING YOUR APPLICATION.

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H

APPLICANT

_____ M. Initial _____ Last Name _____
 First Name _____ Do You: Own Parents/Relative
 _____ APT # _____
 Mailing Address _____ (✓ One) Rent Other
 _____ - _____ - _____
 City _____ State _____ Zip _____ Social Security Number _____
 _____ - _____ - _____
 If the above address is a PO Box, you must provide a street address for yourself or a contact person Home Phone
 _____ Birth _____
 City _____ State _____ Zip _____ Date _____ / _____ / _____
 Month _____ Day _____ Year _____
 _____ \$ _____, _____ - _____ - _____
 Your Employer _____ How Long (Yrs.) _____ Total Annual Income* _____ Business Phone _____

 E-Mail Address (optional) By providing an E-Mail address, I consent to receive E-Mail communications about my Account and authorize you to provide my E-Mail address to Cutting Edge so that I may receive such communications, offers and updates. ***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**
 Nearest Relative Not Living With You: _____
 Name _____ Address _____ City _____ State _____ Zip _____ Home Phone _____
 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 this application form.

JOINT APPLICANT

_____ M. Initial _____ Last Name _____
 First Name _____ Relationship to Applicant Spouse Other
 _____ APT # _____
 Mailing Address _____
 _____ - _____ - _____
 City _____ State _____ Zip _____ Social Security Number _____
 _____ - _____ - _____
 Home Phone _____ Birth Date _____ / _____ / _____
 Month _____ Day _____ Year _____
 _____ \$ _____, _____ - _____ - _____
 Your Employer _____ How Long (Yrs.) _____ Total Annual Income* _____ Business Phone _____

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. 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 any time.

YES, I would like to purchase Debt Security

Sign Here to Enroll

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) Your purchase of Debt Security is optional. Whether or not you purchase Debt Security will not affect your application for credit or the terms of any existing credit agreement you have with us. 2) We will give you additional information before your first payment for Debt Security is due. This information will include a copy of the contract containing the terms of Debt Security. 3) There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under Debt Security. 4) You should carefully read our additional information for a full explanation of the terms of Debt Security.

APPLICANT/JOINT APPLICANT SIGNATURES

I am providing the information in this application to GE Money Bank ("GEMB") and to dealers ("Dealers") that accept the Cutting Edge Credit Card ("Card") and to program sponsors, and asking GEMB to issue me a Card. By applying for this account, I authorize and agree that:

- GEMB may furnish this and other information about me (even if my application is denied) and my account to Dealers and program sponsors (and their respective affiliates) to create and update their records, and to provide me with service and special offers.
- GEMB may make inquiries it considers necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and for purposes of reviewing, maintaining or collecting my account.
- If my application is approved, the Cutting Edge Card Agreement ("Agreement") will be sent to me and will govern my Account.
- Among other things, the Agreement: (1) INCLUDES AN ARBITRATION PROVISION THAT MAY LIMIT MY RIGHTS UNLESS I REJECT THAT PROVISION UNDER THE AGREEMENT'S INSTRUCTIONS; and (2) makes each applicant responsible for paying the entire amount of credit extended; and (3) grants GEMB a security interest in the goods purchased on the account as permitted by law.
- GEMB may contact me (1) using all contact information that I provide to GEMB, including without limitation, each phone number, email address, and/or text message address, (2) for all purposes, including collection purposes, (3) using methods where I may be charged for the communication (such as calling or sending a text message to my cellular phone) and (4) using automated equipment.

This application and the Agreement are governed by federal law and Utah law (to the extent that state law applies). 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.

X _____ X _____
 Applicant Signature _____ Date _____ Joint Applicant Signature _____ Date _____

THIS SECTION MUST BE COMPLETED BY THE RETAILER

_____ / _____
 Applicant's Primary ID (Type, Number, Issuing State) Exp. / Sec. ID (Credit Type and Issuer) Exp. _____ Joint Applicant's Primary ID (Type, Number, Issuing State) Exp. / Sec. ID (Credit Type and Issuer) Exp. _____
 Account# _____ Dealer _____
 _____ Dealer Fax # _____
 Dealer # 534812 _____ Dealer Phone # _____
 Contact Name _____ Amount Requested \$ _____ Purchase Amount \$ _____
 _____ 53965

