



Synchrony Bank Universal Sales Slip

1. Complete Sale Data

Customer Account Number

5 3 4 8 1 2 1 9 5 0 0 6 9 2 5 0

Merchant Number SNH Plumbing Heating Cooling

39 Rockingham Road

Buyer Name

Merchant Name

Londonderry, NH 03053

Total Sale: \$

Employee ID (Optional)

Amount Financed: \$

This is the amount to be charged to your account.

Date of Sale: / /

2. Input Promotional Plan # and select the promotion type below. Make sure the bubble is filled in next to the promotion type that you have selected.

See reverse side for additional details. Not all promotions are available to all Merchants.

☐ Fixed Payment Reduced APR - Until Paid in Full

☐ Equal Payment No Interest - Until Paid in Full

If the promotion type below is selected, make sure that the APR is filled in. For new accounts, that APR is 26.99% and the variable box should not be checked. For existing accounts, call 1-888-222-2176 to obtain cardholder's APR and determine if APR is variable.

☐ No Interest if Paid in Full within Months (Deferred Interest) %
No Interest Charges will be assessed if the promotional purchase balance is paid in full within the promo period. If the promotional purchase balance is not paid in full by the end of the promo period, interest will be imposed from the date of purchase at the APR entered above. Minimum monthly payments are required.

☐ Check if Variable -- If variable, APR varies with the market based on the Prime Rate.

Authorization Line 1-888-222-2176: Option 2, then Option 4

Auth. Code:

3. Product Information

Brand / Model # / Description / Invoice #:

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Buyer Read & Sign

I acknowledge receipt of a completed copy of this Sales Slip and have reviewed and understand the promotional terms that will apply to this purchase. I authorize "Amount Financed" shown above to be charged to my credit card account in accordance to the contract between Buyer and Merchant and agree that the purchase will be governed by the terms of the Synchrony Bank Credit Card Agreement.

If this was an in-home sales transaction, I acknowledge that I have been provided by the Merchant with both the oral and written notice of my right, as a Buyer, to cancel this transaction (if applicable).

Synchrony Bank assesses a one-time \$69 Activation Fee under the Credit Card Agreement at the time the first purchase posts to the account. Any additional surcharges or fees charged by the merchant in connection with applying for or using the Credit Card are prohibited.

BUYER SIGNATURE: X

DATE:

55557

Funding Fax 1-888-222-2986

202-631-00 (6/2024) HI-NO MENU WF7573945KA

DEALERS/SYNCHRONY BANK



Home Improvement Consumer Credit Application

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

APPLICATION MUST BE SIGNED.

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

REVOLVING PHONE: 1-888-222-2176

Synchrony Bank

NOTICE FROM THE MERCHANT TAKING YOUR APPLICATION FOR CREDIT ("MERCHANT"): This is an application for a credit card account issued by Synchrony Bank ("SYNCB"). If this application is not approved by SYNCB, you agree that the Merchant may provide all your information from this application to another lender or lenders (or their service providers) identified by the Merchant who may offer you credit. You authorize any such lenders (or their service providers) to make inquiries they consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating your request for credit. The rates, fees, and other credit terms provided with this application apply only to the credit card account issued by SYNCB. Other credit products may have different rates, fees, and terms.

Applicant

First Name	M. Initial	Last Name	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (✓ One)
Mailing Address		APT #	
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 also 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	Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other (✓ One)
Mailing Address		APT #	
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

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 Synchrony Bank to obtain, verify and record information that identifies applicants when opening an account. SYNCB will use applicants' 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. PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT FOR RATES, FEES & OTHER COST INFORMATION.

- 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.

Applicant Signature X Date Joint Applicant Signature (If applicable) 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 #

5348121950069250

Merchant #

Estimated Sales Amount \$



32498