



CREDIT APPLICATION Please print clearly.



Applicant's Name (First, Middle, Last)

Co-Applicant's Name (First, Middle, Last) (Provide if you are applying for joint credit.)

- You are applying to Citicorp Trust Bank, fsb for credit. By signing below, you certify that you have read and agree to the attached Card Agreement. You also certify that you are at least 18 years of age.
- If this application is not approved, you request and authorize the merchant and us to furnish your application information to other lenders and you authorize those lenders (including the merchant) to gather information about you, including obtaining your credit bureau report from credit bureaus.
- See the Notices to Applicant and Co-Applicant for additional information.

Buyer's Right To Cancel: If this box is checked, you, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the separate notice of cancellation form for an explanation of this right.

X _____
Signature of Applicant Date

X _____
Signature of Co-Applicant Date

Amount Financing:



STORE USE ONLY

Merchant	Store # or Location		
Salesperson #	Estimated Purchase Amount \$		
Account #	Approved Credit Limit \$		
Applicant's Government Issued Photo I.D. Type & Number	Issuing State or Other Issuing Authority	Exp. Date	
Applicant's 2nd I.D. Type or Issuer (Do not list number)	Exp. Date		
Co-Applicant's Government Issued Photo I.D. Type & Number	Issuing State or Other Issuing Authority	Exp. Date	
Co-Applicant's 2nd I.D. Type or Issuer (Do not list number)	Exp. Date		

FORM 25657-DD 27.99% APP/AGMT (12/09)

Information About Applicant Please print clearly.

Street Address (No P.O. Boxes)			
City		State	Zip Code
Social Security #		Date of Birth	
Residence	Rent or Mortgage Payment	If Applicant owns or is buying	
<input type="checkbox"/> Rents		Home Value: \$	Mortgage Balance: \$
<input type="checkbox"/> Owns			
Time at Address		Home Phone	
Yrs	Mos	()	
Mailing Address (If different from Street Address)			
City		State	Zip Code
Employer		How Long	
		Yrs	Mos
Position		Work Phone	
		()	
Total Annual Income (Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.) \$			
E-mail Address (Optional) If you provide an e-mail address, Citicorp Trust Bank, fsb, may use it to contact you about your account. It may also use your e-mail address to send you information about products and services you might find useful.			

Information About Co-Applicant Please print clearly.

Street Address (Check if same as Applicant <input type="checkbox"/> (No P.O. Boxes)			
City		State	Zip Code
Social Security #	Date of Birth	Home Phone	
- -	/ /	()	
Mailing Address (If different from Street Address)			
City		State	Zip Code
Co-Applicant's Employer		How Long	
		Yrs	Mos
Position		Work Phone	
		()	
Total Annual Income (Alimony, child support, or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.) \$			

Notices to Applicant and Co-Applicant:

- If this application is signed by the Applicant and Co-Applicant, you are applying for joint credit. If you are married, you may apply for a separate account. Your account must be used only for personal, family or household purposes.
- Citicorp Trust Bank, fsb (us or we) may gather information about you, including from your employer, your bank, credit bureaus, and others, to verify your identity and determine your eligibility for credit, renewal of credit, and future extensions of credit. If you ask us, we will tell you whether or not we requested a credit bureau report and the names and addresses of any credit bureaus that provided us with such reports. You may write us at PO Box 22060, Tempe, AZ 85285-2060.
- Some credit lines may be as low as \$500.
- You authorize us to share with the merchant and its affiliates experiential and transactional information regarding you and your account.