Briggs & Stratton Products Group Consumer Credit Application

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

48529 Synchrony Bank

APPLICATION MUST BE SIGNED. Please fax to 1-800-924-3214

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

Applicant

First Name | M. Initial | Last Name

Do You: (✓ One) ☐ Own ☐ Parents/Relative ☐ Rent ☐ Other

Mailing Address | APT #

Years at Residence

City | State | ZIP

Birth Date Month / Day / Year

Social Security Number - - | Home Phone* - -

If the above address is a P.O. Box, you must provide a street address for yourself or a contact person

Cell / Other Phone* Where We May Call You - -

City | State | ZIP

Your Employer | How Long (Yrs.) | $ Monthly Net Income† From All Sources | Business Phone* - -

Email Address (optional)* *You authorize Synchrony Bank ("SYNCB") to contact you at each phone number you have provided. By providing a cell phone number and/or email address, you agree to receive account updates and information, including text messages, from SYNCB & the dealers that accept the Card. Standard text messaging rates may apply. †Alimony, child support or separate maintenance income need not be included unless relied upon for credit. You may include the monthly amount that you have available to spend from your assets. **Married WI Residents only:** If you are applying for an individual account & your spouse also is a WI resident, combine you & your spouse's financial information.

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

Relationship to Applicant ☐ Spouse ☐ Other

Mailing Address | APT # | Years at Residence

City | State | ZIP | Social Security Number - -

Home Phone / Other Phone* Where We May Call You - - | Birth Date Month / Day / Year

Your Employer | How Long (Yrs.) | $ Monthly Net Income† From All Sources | Business Phone* - -

Applicant/Joint Applicant Signatures

By signing this application, I am asking Synchrony Bank ("SYNCB") to issue me a SYNCB Credit Card (the "Card"). I agree that if I am not approved for the Card, or if I am approved for an amount less than the Total Sale Amount shown below, SYNCB may use the information in this application to consider me for an installment loan ("Loan") from SYNCB to purchase a qualifying product from the program sponsor and dealer ("Dealers"). A Loan may be offered to me instead of, or in addition to, the Card. I am providing the information in this application to SYNCB and the Dealers that accept the Card and program sponsors (and their respective affiliates). I also provide my consent to SYNCB to provide information about me (even if my application is declined) to Dealers that accept the Card and their respective affiliates so that they can create and update their records, and provide me with service and special offers. SYNCB may obtain information from others about me. I authorize SYNCB to obtain reports from consumer reporting agencies and other sources to evaluate my application, and to review, maintain or collect my account. **If I am not approved for the Card, or if I am approved for an amount less than the Total Sale Amount, I authorize SYNCB to obtain a second report from consumer reporting agencies to consider me for its Loan product.** I consent to SYNCB and any other owner or servicer of my account contacting me about my account, including using any contact information or cell phone numbers I provide, and I consent to the use of any automatic telephone dialing system and/or an artificial or prerecorded voice when contacting me, even if I am charged for the call under my phone plan. I have read and agree to the credit terms and other disclosures in this application, and I understand that if my application is approved, the SYNCB credit card agreement ("Agreement") will govern my account. Among other things, the Agreement: (1) **includes a resolving a dispute with arbitration provision that limits my rights unless I reject the provision by following the provision's instructions, and** (2) makes each applicant responsible for paying the entire amount of the credit extended. **I also understand and agree that the attached Agreement does not apply to the Loan product. If I am approved for a Loan from SYNCB, I will be provided with a separate application to sign and an agreement containing required disclosures, terms and conditions of the Loan. Federal law requires SYNCB to obtain, verify and record information that identifies applicants when opening an account. Synchrony Bank will use applicants' name, address, date of birth, and other information for this purpose. PLEASE SEE THE ATTACHED CREDIT CARD AGREEMENT FOR RATES, FEES & OTHER COST INFORMATION.** 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 ask Dealer for more information about the Loan product before signing this application.**

☐ **CHECK HERE if you want to only be considered for the Card.**

Applicant Signature X | Date | Joint Applicant Signature X | Date

Applicant's Primary ID (Type, Number, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp.

Joint Applicant's Primary ID (Type, Number, Issuing State) Exp. / Secondary ID (Type and Issuer) Exp.

Account# | Store Fax # - -

48529

5 3 4 8 1 2

Store #

Total Sale Amount $

EQUAL HOUSING LENDER

202-189-00 (08/2014) BR/ST 0212123