



HUSQVARNA CONSUMER APPLICATION - A9IHUS

PLEASE READ THE ATTACHED CREDIT CARD AGREEMENT AND SIGN BELOW BEFORE SUBMITTING YOUR APPLICATION.

52819

Please fax to 1-800-924-3214

APPLICATION MUST BE SIGNED.

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: Own Parents/Relative
 (One) Rent Other

Mailing Address _____ APT # _____

Years at Residence _____

City _____ State _____ Zip _____

Social Security Number _____ Birth Date _____ / _____ / _____
Month Day Year

Home Phone _____ - _____ - _____

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

City _____ State _____ Zip _____

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

Your Employer _____ \$ _____, _____
How Long (Yrs.) Total Monthly Net 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 GE Money 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

First Name _____ M. Initial Last Name _____ Relationship to Applicant _____

Years at Residence _____ Spouse Other

Mailing Address _____ APT # _____

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.) Total Monthly Net Income*

Business Phone _____ - _____ - _____

Applicant/Joint Applicant Signatures

I am providing the information in this application to GE Money Bank ("GEMB") and to dealers ("Dealers") that accept the Husqvarna 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 GEMB Card Agreement ("Agreement"), a copy of which is attached will be sent to me and will govern my Account.
- Among other things, the Agreement: (1) INCLUDES A DISPUTE AND CLAIM RESOLUTION (INCLUDING 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.
- I consent to GEMB 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 (whether now or in the future), 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.

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

Federal law requires GE Money Bank to obtain, verify and record information that identifies applicants when opening an account. GE Money Bank will use applicants' name, address, date of birth, and other information for this purpose.

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

X Applicant Signature _____ Date _____

X Joint Applicant Signature _____ Date _____

Store / Dealer Information

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 # _____ - _____ - _____



Store # 5 3 4 8 1 2

Store Phone # _____ - _____ - _____

Contact Name _____

Total Sale Amount \$ _____, _____

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To find out about changes in the terms of the attached agreement, write to us at GEMB, P.O. Box 6160, Rapid City, SD 57709-6160

200-144-00 (11/9/10) HUS