

ALPHAEON CREDIT Card Application

Instructions to the Applicant: <ul style="list-style-type: none"> • To apply, please: <ol style="list-style-type: none"> 1. Fill in the Applicant Information section below, 2. Read the important disclosures, and 3. Hand this form back to the sale/office associate. • The sale/office associate will: <ol style="list-style-type: none"> 1. Print and/or share some important disclosures with you, 2. Verify your identity, and 3. Confirm your consent to electronically submit your application for you. 	To apply you must: <ul style="list-style-type: none"> • Be at least 18 years of age. • Be a U.S. resident residing in the United States. • Have a U.S. Social Security Number. • Have a street, rural route or APO/FPO mailing address (no PO Box addresses) • Have a valid government-issued photo ID
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APPLICANT INFORMATION

Name _____

Social Security # _____

Date of Birth _____

Street Address _____

City _____ **State** _____ **Zip** _____

Phone # _____ Business Phone # _____ Email Address _____

By providing your contact information above, including any cellular or other phone numbers, you agree to be contacted regarding any of your Comenity Bank or Comenity Capital Bank accounts via calls to cell phones, text messages or telephone calls, including the use of artificial or pre-recorded message calls, and calls made via automatic telephone dialing systems, or via e-mail.

Alimony, child support or separate maintenance income need not be included if you do not wish to have it considered as a basis for repaying this obligation. **Married WI Residents only:** If you are applying for an individual account and your spouse also is a WI resident, combine your and your spouse's financial information.

Annual Income _____

FEDERAL AND STATE DISCLOSURES

IMPORTANT INFORMATION ABOUT OPENING AN ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

CA Residents: If you are married, you may apply for a separate account. **OH Residents:** The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law. **NY, RI and VT Residents:** We may order credit reports in connection with processing applications/solicitations and any update, renewal or extension of credit. Upon request, we will tell you the name and address of any consumer-reporting agency that furnished a report on you. You consent to the obtaining of such reports by signing or otherwise submitting an application or solicitation. **WI Residents:** No provision of a marital property agreement, unilateral statement under Section 766.59 or court decree under Section 766.70 adversely affects the interest of Comenity Capital Bank, unless the Bank, prior to the time credit is granted, is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the Bank is incurred.

YOUR CONFIRMATION AND ELECTRONIC SIGNATURE

By signing or otherwise submitting this application/solicitation, each applicant ("I," "me" or "my" below) agrees and certifies that (1) I have read and agree to the disclosures provided on or with this application/solicitation, (2) the information I have supplied is true and correct, (3) I am applying to Comenity Capital Bank ("Bank"), PO Box 183003, Columbus, OH 43218-3003 for a ALPHAEON CREDIT Card, (4) I authorize the Bank to obtain credit reports on me, (5) if approved, my account will be governed by the CREDIT Card Agreement, (6) I understand that I may pay all of my account balance at any time without penalty and (7) this application/solicitation, any information I submitted to the Bank, and the Bank's final decision on my application/solicitation may be shared with and retained by ALPHAEON.

Note to sale/office associate: Upon completing and submitting the electronic application, return this form to the applicant.