Rev Charger XL℠ Card Program

A married person may apply for individual credit, you are applying for: ☐ **JOINT CREDIT,** with another person, complete entire application. ☐ **INDIVIDUAL CREDIT,** complete only individual section. ☐ **INDIVIDUAL CREDIT,** but relying on income of another, complete entire application.

INFORMATION ABOUT YOURSELF (Please Print)

For WI Residents Only: Check box if you are married: ☐

First Name | Middle Initial | Last Name | Home Telephone ( ) | Social Security Number ☐☐☐-☐☐-☐☐☐☐

Date of Birth (MM/DD/YY) / / | Current Address | Apt. # | City | State | Zip Code

Since (MM/YY) | ☐ Buyer/Owner ☐ Rent/Lease ☐ Other/Misc. | Previous Address (If less than two years at present) | City | State | Zip Code

Employer | Position | Since (MM/YY) | Gross Monthly Income

Business Telephone ( ) | Previous Employer | From (MM/YY) | To (MM/YY)

Additional Monthly Income* | Source | Check if you have a: ☐ Checking Account ☐ Savings Account

***Note:** Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

JOINT CREDIT or if you are a MARRIED WISCONSIN RESIDENT or for INDIVIDUAL CREDIT (but relying on income of another)

First Name | Middle Initial | Last Name | Social Security Number ☐☐☐-☐☐-☐☐☐☐ | Date of Birth (MM/DD/YY) / /

Current Address | Apt. # | City | State | Zip Code

Home Telephone ( ) | Since (MM/YY) | Employer

Position | Business Telephone ( ) | Gross Monthly Income | Since (MM/YY)

THE OPTIONAL ACCOUNT SAVER™ MONTHLY DEBT CANCELLATION PROGRAM IS ONLY AVAILABLE ON REVOLVING ACCOUNTS, AND NOT AVAILABLE ON CLOSED-END LOANS.

PROTECT YOUR ACCOUNT WITH THE OPTIONAL ACCOUNT SAVER™ MONTHLY DEBT CANCELLATION PROGRAM

If you enroll in our optional Account Saver program, your monthly credit card balance or a portion of your balance will be cancelled in the case of a qualifying Total Disability, Involuntary Unemployment, or Loss of Life event. For Total Disability, the maximum balance that can be cancelled is $500 per month, up to $10,000, and for Involuntary Unemployment, up to $500 per month for six months. For Loss of Life, the maximum balance that can be cancelled is $10,000. To elect Account Saver on your account, you must be employed full-time (but not self-employed or working for a spouse or any other individual living with you on whom you are financially dependant for support and maintenance) working 30 hours or more per week at a single job. Account Saver is not insurance and is unavailable in Mississippi, Montana, Guam, the Virgin Islands, Puerto Rico and Canada.

YES, please enroll me, the primary cardholder, in the optional Account Saver monthly debt cancellation program. I authorize the monthly charge to my account when I have a balance. I have received and read the Account Saver Summary. I understand that your evaluation of my credit card application will not be influenced by whether I choose to enroll, and I am free to cancel at any time.

NO, I do not wish to enroll at this time.

X _____ SIGN HERE TO ENROLL DATE

X _____ SIGN HERE TO DECLINE DATE

DC-11-13 Ed. 03/28/03

APPLICANT(S) SIGNATURE REQUIRED BELOW

By completing and signing this credit application you are applying to Household Bank (SB), N.A. ("Household") for credit to purchase goods and services from an authorized Rev Charger XL℠ Dealer ("Rev Charger XL℠ Dealer"). Certain types of vehicles sold by Rev Charger XL℠ Dealers will be required to be financed as closed-end loans. You authorize Household or the Rev Charger XL℠ Dealer to submit your application and credit information to Household Retail Services, Inc. ("HRSI"), an affiliate of Household, to review your information for a closed-end loan under a separate retail installment agreement. All of the information furnished on this application is, to the best of your knowledge, complete and accurate. You agree that Household and HRSI may obtain a credit bureau report on you and may check any of the information provided on this application from whatever source they choose. By completing and signing this application, you request a Card issued to you by us which will allow you to make purchases under this Account. By a) signing, using or permitting others to use this Card; b) signing or permitting others to sign sales slips; c) making or permitting others to make purchases by telephone, Internet, or any other means, you agree to the terms and conditions of this Cardholder Agreement and Disclosure Statement, Form 6022-370-601-US-09 (4-03) (which includes an arbitration provision) stated on both sides of this combined application and Cardholder Agreement and Disclosure Statement, which are incorporated herein by reference. You have read and received a copy of your Agreement before making any purchase under this Account. Terms are attached. If this is a joint credit application, you understand that each applicant has the right to use the Account and that you shall be liable for all purchases made under the Account by any joint applicant. You grant us a purchase money security interest in the goods purchased on your Account.

Applicant's Signature _____ **Date (MM/DD/YY)** / /

Joint Applicant's Signature _____ **Date (MM/DD/YY)** / /

Other Person's Signature* _____ **Date (MM/DD/YY)** / /

**OTHER PERSON: The individual on whose income the applicant is relying. All of the information furnished on this application is, to the best of your knowledge, complete and accurate. You agree that we may obtain a credit bureau on you and check any of the information on this application from whatever source we choose.*

STORE USE ONLY:

Applicant's ID (Type and Number) | Expires | Applicant's Second ID (Type and Number) | Expires

Joint Applicant's ID (Type and Number) | Expires | Joint Applicant's Second ID (Type and Number) | Expires

Authorization Number | Name of Person Obtaining Verification and #

ACCOUNT #: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

6022-370-601-US-09 (4-03)