

# Application for a Wal-Mart® Discover® or Wal-Mart® Credit Card

Complete and mail to: GE Money Bank  
 PO Box 981419  
 El Paso, TX 79998



## 1. Applicant: Please tell us about yourself.

|  |  |  |         |  |       |                            |   |
|--|--|--|---------|--|-------|----------------------------|---|
| First Name   |  |  | Initial | Last Name  |       | Date of Birth (MM/DD/YYYY) |   |
| Home Address (Street Name and Number Required)                     |  |  |         | City   | State | Zip                        | <input type="checkbox"/> Own<br><input type="checkbox"/> Rent |
| Previous Street Address (If Less Than One Year At Present Address) |  |  |         | City   | State | Zip                        |   |
| Home Phone<br>(        )        -                                  |  | Business Phone<br>(        )        -            |         | Cell / Other Phone Where We May Call You<br>(        )        -  |       |                            |   |
| Social Security Number<br>-        -                               |  | Annual Income from all Sources*<br>\$        .00 |         | Mother's Maiden Name   |       |                            |   |
| E-Mail Address (Optional)  |  |  |         | By providing my E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to Wal-Mart and Wal-Mart.com so I can receive special offers and updates. |       |                            |   |

\*Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.  
**WI RESIDENTS:** If you are applying for an Individual Account, combine your and your spouse's financial information in Section 1 above.

**GE Money Bank will first consider you for a Wal-Mart® Discover®. If you do not qualify for a Wal-Mart® Discover®, you will be considered for a Wal-Mart® Credit Card. Consider me for the Wal-Mart Credit Card only.**

**2. Authorized User:** An additional card will be issued to the person indicated below. The primary cardholder will be liable for all purchases made on the account, including those made by any Authorized User.

|            |  |  |         |           |  |   |
|------------|--|--|---------|-----------|--|---|
| First Name |  |  | Initial | Last Name |  | <input type="checkbox"/> Spouse<br><input type="checkbox"/> Other |
|------------|--|--|---------|-----------|--|---|

**3. Please Choose Your Payment Due Date:** Check One.  
 No Preference     Middle of the Month     End of the Month     Beginning of the Month

## 4. Applicant: we need your signature below.

By signing this application, I ask that GE Money Bank ("you") issue me a Wal-Mart® Discover® or Wal-Mart Credit Card. I understand that if I qualify for a Wal-Mart® Discover® or Wal-Mart Credit Card, you will assign me an Annual Percentage Rate depending on my creditworthiness as determined by you. I am providing this information both to you and to Wal-Mart Stores, Inc. I also authorize and direct you to furnish information about me (including whether this application is approved or declined) and, if it is approved, information about my Account, to Wal-Mart Stores, Inc. (and its affiliates) for use in connection with the Wal-Mart® Discover® or Wal-Mart Credit Card programs, including to create and update their customer records for me, to assist them in better serving me, and to provide me with notices of special promotions, catalogs and tailored offerings. I affirm that the information I have submitted is complete and truthful. I authorize you to make inquiries you consider necessary (including requesting reports from consumer reporting agencies and other sources) in evaluating my application, and subsequently, for purposes of reviewing, maintaining or collecting my account. I also understand that the Wal-Mart® Discover® or Wal-Mart credit card agreement ("Agreement") will govern my account, the terms of which are hereby incorporated by reference into and made a part of this application and that THE AGREEMENT'S TERMS INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I understand that there is no agreement between us until you approve my application. After credit approval and subject to the governing credit agreement, each applicant may use this account and will each be liable for all credit extended under this account to any applicant or authorized user.

**Federal law requires us to obtain, verify, and record information that identifies you when you open an account. We will use your name, address, date of birth, and other information for this purpose.**

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### WISCONSIN RESIDENTS:

No provision of a marital property agreement, a unilateral statement under Sec. 766.59, Wis. Stats., or a court decree under Sec. 766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time credit is granted, is furnished a copy of the agreement, decree or has actual knowledge of the adverse provision when the obligation to the creditor is incurred. **We are required to ask married residents of Wisconsin who have applied for individual credit to give us the name and address of their spouse, regardless of whether their spouse may use the card. Please provide that information below:**

|                |                   |
|----------------|-------------------|
| Name of Spouse | Address of Spouse |
|----------------|-------------------|