

Synchrony Bank Merchant Application

Home Specialty Program Name _____

Thank you for your interest in consumer financing options from Synchrony Bank. As a part of the enrollment process, please:

- Complete the below two-sided Merchant Application
- Review the Transparency Principles

Upon completion please send the signed Merchant Application to:

- Synchrony Bank at zelda.johnson@syf.com or
- Fax to **1-844.268.0151**

Questions? Please call **937.534.3151** or visit synchronybusiness.com

A. BUSINESS INFORMATION

Business Name / DBA (Doing Business As) Name:		Federal Tax ID # (EIN #):	
Corporate or Legal Name (If different than above):		Years in Business:	
IRS Filing Name (Name used for federal tax filing; required per IRS Regulations):	Total Business Annual Sales: \$	Projected Annual Sales with Synchrony Bank: \$	
Business (DBA) Physical Address: Street	City	State	Zip
BILLING ADDRESS (Complete if different than Business Address shown above): Street	City	State	Zip
Email Address:	Business (DBA) Phone #: ()	Business (DBA) Fax #: ()	
Primary Contact for Financing Program:	Business License (If applicable):	Contractor License (If applicable):	

B. PRINCIPAL INFORMATION (Must be President, Owner, or Partner ONLY)

Principal Name:	Principal Title:	Principal Social Security Number: - -
Principal Home Address (Street, City, State, Zip) (Physical Address only):		Principal Home Phone Number: ()

C. BANKING INFORMATION

Bank Transit Number (9 Digit Routing Number):

1
Bank Account Number:
2



D. PRODUCTS SOLD

Bath Reface _____%	Insulation _____%	Plumbing _____%	Solar _____%
Electric & Generators _____%	Kitchen Reface _____%	Roofing & Gutters _____%	Spa _____%
Heating & Air _____%	Pavers/Landscape _____%	Siding _____%	Windows & Doors _____%

E. TERMS & CONDITIONS

This Application (“Application”) is submitted to establish a consumer credit program for, and to obtain merchant processing privileges on behalf of, the above-named principal and/or legal entity (“Applicant”). By signing below, Applicant hereby represents, acknowledges, agrees, authorizes and confirms the following:

1. If Applicant is a legal entity, the undersigned Principal represents and warrants that the undersigned has the authority by the Applicant to submit this application and bind the Applicant to the Card Acceptance Agreement for Participating Merchants (“Agreement”). The Applicant acknowledges that all information provided on this application, including the Tax ID, is true and correct.
2. If Applicant is not a separate legal entity, then the undersigned is executing this Application in his or her individual capacity.
3. This application is subject to approval by Synchrony Bank.
4. Synchrony Bank or its agents, may retain possession of this Application, rely on the information and statements herein, check and verify Applicant’s credit history and employment history, secure follow up credit reports, and exchange information about Applicant and this account with creditors, credit bureaus, and other proper persons.
5. Applicant’s bank and any other listed references may release and/or verify information to Synchrony Bank at any time.
6. Synchrony Bank and its agents may send e-mail and/or fax communications to Applicant at the e-mail addresses and fax numbers listed above (or to any e-mail addresses or fax numbers Applicant may provide in the future) regarding any credit financing relationship or other matters.
7. Synchrony Bank and its agents may contact the Applicant, including by text, about this application and the merchant relationship, using any automatic telephone dialing system, whether now or in the future. All contact information provided, including cell phone numbers and email addresses, may be used.
8. The terms and conditions of the Agreement will be delivered to Applicant as part of the welcome kit.
9. Upon approval of this Application by Synchrony Bank and submission by Applicant of a transaction to Synchrony Bank for processing, Applicant will be bound to all of the terms and conditions of the Agreement (and any operating procedures which may be issued by Synchrony Bank from time to time), without further action.
10. Applicant has received a copy of, and agrees to comply with, the Transparency Principles: Compliance Requirements.

Please carefully read the Agreement that will be included in your welcome package since submission of a transaction to or through Synchrony Bank for processing will bind Applicant to such terms and conditions of the Agreement.

<p>Principal Sign Here</p> <p>I, in my individual capacity grant consent to Synchrony Bank or its agents to check my credit and employment history, secure follow-up credit reports, and exchange information about me and this account with creditors, credit bureaus, and other proper persons.</p>	<p>X</p>	<p>Date:</p>
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Transparency Principles: Compliance Requirements

Synchrony Bank promotes full transparency and disclosure to all applicants for its credit card program (the “Synchrony Bank Financing Program”). To assure that applicants are aware of several key attributes of the Synchrony Bank Financing Program, you hereby agree as follows:

1. You will ensure that training on how to offer, process and transact with the Synchrony Bank Financing Program is integrated into your existing associate training program. Helpful training materials including videos, self-paced courses and pre-recorded webinars can be found online at Synchrony Bank’s Learning Center: <https://learn.synchronybusiness.com>.
2. Your customers must receive the Credit Card Agreement in writing and have the opportunity to review it and other disclosures in the application brochure before signing an application.
3. You must retain each applicant’s signature page in a secure location for no less than 25 months from the date of the application. Failure to keep and, upon request, produce the signature page to Synchrony Bank may expose your business to an automatic charge back upon consumer dispute.
4. Fees may not be charged to consumers for applying for credit or for using their Synchrony Bank account to finance purchases. These fees have been called Administration Fees, Documentation Fees or other generic terms. All are prohibited by your Card Acceptance Agreement with Synchrony Bank and you will be responsible for refunding customers accordingly.
5. You or your staff must inform all Synchrony Bank Financing Program applicants of the following:
 - The Synchrony Bank Financing Program is a credit card and is NOT an in-house credit program. The Synchrony Bank Financing Program is NOT an interest-free credit card.
 - Cardholders should be provided with information about the different special financing options available to them and how they work before requested to choose which one to use for their specific purchase. It is especially important that cardholders understand the basic features of No Interest, Reduced Interest and Deferred Interest /No Interest if Paid in Full options, if all these types of promotions are being offered. The key concepts include:
 - The length of the promotion
 - Whether the promotion expires and if so what happens upon expiration
 - Required payments during the promotional period
 - For Deferred Interest promotions, deferred interest accrues on the promotional balance during the promotional period from the date of the transaction. Finance charges can be avoided ONLY IF the promotional balance is paid off prior to the end of the promotional period.
6. You must complete the document that provides the promotional terms to the customer. These may be referred to as sales slips, sales receipts or Optional Financing Plan (OFP) forms (not required for online sale transactions – these will auto print through Business Center).
7. You will advise customers of any policy regarding returns/refunds.
8. These program guidelines are designed to provide transparency for cardholders. Synchrony Bank reserves the right to monitor your adherence to these and other Synchrony Bank Financing Program policies subject to the consequences defined in your Card Acceptance Agreement.