

GreenSky® Installment Loan Application Information Form

By submitting a loan application, you, the applicant, and co-applicant (if any) agree that you are applying for any product that any financial institution participating in the GreenSky® Program (a "Lender") may offer as part of the GreenSky® Program, regardless of any product your merchant may have specifically discussed with you. The information from this form will be used to submit an application for a GreenSky® Program loan via the Program's computer application form

	oplication for a GreenSky® Progr	am loan via the Programs	s computer application form.	
Applicant Information		Requested Loan Amount (if known):		
First Name*	Middle Initial	Last Name*	Date of Birth* (mm/dd/yyyy) /	
Social Security Number*		Home Phone*	Mobile Phone (See Disclosure)	
Applicant Street Address*	(Physical address required. No P.O. Boxes)	Suite/Apt #		
City*		State*	Zip Code*	
Email Address (If you pro	ovide an email address, GreenSky may use it to contact you	u about GreenSkv® products, services, special	offers and other promotions)	
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Employer		Years on the Job	Employer Phone Number	
' '	rod" in the Employer field, enter "O" in the Veers on		. ,	
If Applicant is retired, enter Reti	red" in the Employer field, enter "0" in the Years on r "Unemployed" in the Employer field, enter "0" in th	ne Years on Job field and enter the Applicant's nome	e priorie number. cant's home phone number.	
Income Alimony, child suppor	t or separate maintenance payments need not be revealed if you do n	ot wish to have them considered as a basis for repaying	the loan. Married Wisconsin Residents: Combine you and your spouse's information once.	
Applicant's Gross YEARLY Incom		Other Gross YEARLY Incom		
Examples: yearly salary (before taxes child support, investment income, soc	a) alimony, ial security, etc.	Examples: Co-Applicant and/or alimony, child support, investme	spousal income (before taxes), ant income, social security, etc.	
	g,	, , , , , , , , , , , , , , , , , , ,	,	
Co Applicant Informatio			If a suppleted below, Applicant and Co. Applicant intend to supply for inject and it	
Co-Applicant Information First Name*	Middle Initial	Last Name*	If completed below, Applicant and Co-Applicant intend to apply for joint credit. Date of Birth* (mm/dd/yyyy)	
	da.eda.	2401.14.110	/ /	
Social Security Number*		Home Phone*	Mobile Phone (See Disclosure)	
,			,	
A - P 1 Ob 1 A d d *		0.7574.477		
Applicant Street Address*	(Physical address required. No P.O. Boxes)	Suite/Apt #		
City*		State*	Zip Code*	
Email Address (If you pro	vide an email address, GreenSky* may use it to contact yo	u about GreenSky® products, services, special	offers and other promotions)	
Employer		Years on the Job	Employer Phone Number	
If Co-Applicant is retired, enter "Retired	d" in the Employer field, enter "0" in the Years on Job field a Unemployed" in the Employer field, enter "0" in the Years or	and enter the Co-Applicant's home phone numb	er.	
If Co-Applicant is unemployed, enter "	Unemployed" in the Employer field, enter "0" in the Years or	n Job field and enter the Co-Applicant's home p	ohone number.	
Married Wisconsin Resi	dents	N. 18 1 22 1		
Applicant Spouse's First Name:*		Middle Initial	Applicant Spouses Last Name*	
Applicant Spouse's Street Address:*		Suite/Apt#*		
City*		State*	Zip Code*	
Co-Applicant Spouse's First Name:*		Middle Initial	Co-Applicant Spouse's Last Name*	
Co-Applicant Spouses Street Address	5.**	Suite/Apt#*		
City*		State*	Zip Code*	
J.,		Cidio		

Please see Disclosures and signatures continued on the next page

Effective February 11, 2016		GSCP Installment Application Page 2 of
TO BE COMPLETED BY SALES ASSOCIATE/ N	MERCHANT	
Merchant Number	Plan Number	
Applicant Type of ID	[] Driver's License [] State/Province Issued ID [] Military ID	[] Passport [] Tribal Card (please check one)
Applicant Name on ID	State of Issuance ID Number	ID Expiration Date
Co-Applicant Type of ID	[] Driver's License [] State/Province Issued ID [] Military ID	[] Passport [] I ribal Card (please check one)
Co-Applicant Name on ID	State of Issuance ID Number	ID Expiration Date
Sales Associate/Merchant	State of issuance ID northber	ib Expiration bate
Name	Phone Number	
Email Address Volume v process	s the application at www.greenskycredit.com	/consumer
	s the application at www.greenskycreuit.com	
Disclosures	and and if any a core that you are each in a far any made at that any finan	soial institution portionating in the CrossClad
Program (a "Lender") may offer as part of the GreenSky®	co-applicant (if any) agree that you are applying for any product that any finar Program, regardless of any product your merchant may have specifically dis	icial institution participating in the GreenSky scussed with you.
money laundering activities, Federal law requires all finan	SOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the gracial institutions to obtain, verify, and record information that identifies each programme, address, date of birth, and other information that will allow us	person who opens a new account. What this
In addition, the following notices, disclosures, and authorize	zations apply to your application.	
Alimony, child support, or separate maintenance payment	ts need not be revealed if you do not wish to have them considered as a bas	is for repaying the loan.
and are made for the purposes of obtaining credit; and, (2) is a person who agrees to be liable for the debt of another	wing: (1) all of the statements (whether verbally or written) communicated to a firm or than one applicant is applying, each applicant intends to apply for join person without receiving the benefit of the loan, whereas a "joint applicant" is joint applicants to apply for joint credit, we do not allow borrowers to use "co-	at credit and none is a co-signer (a "co-signer a person who intends to apply for joint credi
this loan application, including any account update, extensioned the decision and loan information, including, but not lim	nalf of the Lenders participating in the Program, to (1) obtain a credit report on sion of credit, or review or collection of your loan; and, (2) notify your mercha nited to, your approved credit limit, the repayment period for your loan, your requested and, if so, the name and address of the consumer reporting agence	nt of our credit decision, and if approved, the approved APR, and account number. If you
	the shared disclosure of loan related information, including but not limited to have the same effect as personal delivery to you. Also, if you provide an emains and other promotions.	
Where applicable, you will be charged a one-time Accoun	nt Activation Fee of \$39 at the time of first purchase.	
By providing your mobile number, you authorize us to cor but not limited to, to provide you with advertisements or tel your consent at any time by contacting us at P.O. Box 249	ntact you at that number using automated dialing technology or artificial or pr lemarketing messages. You are not required to consent to this use as a conc 929, Atlanta, GA 30359.	erecorded voices for any purpose, including lition of this loan application. You may revoke
telephone, through your merchant, or otherwise by any b	sued to you. Use of your Shopping Pass or your installment loan to make a corrower authorized on the loan agreement, will constitute acceptance of the onic records of any such purchase will constitute the signature of all borrower	loan and the loan agreement governing the
maintain separate credit histories on each individual upon Vermont Residents: We are engaged in loan production Married Wisconsin Residents: If you are applying for ind financial information with your spouse's financial information court order under section 766.70 adversely affects the i	require that all creditors make credit equally available to all credit worthy c. I request. The Ohio civil rights commission administers compliance with this I	aw. spouse also lives in Wisconsin, combine you der Section 766.59 of the Wisconsin statutes umished a copy of the agreement, statemen
Applicant Signature		
		Please provide a government issued
X-Applicant's Signature	Date	oicture ID to the Associate/Merchant.
Co-Applicant Signature	If signed, App	olicant and Co-Applicant intend to apply for joint credit.
		Please provide a government issued
X_Co-Applicant's Signature	Date	picture ID to the Associate/Merchant.

