



# Synchrony Financial Pre-Enrollment Form

Thank you for your interest in consumer financing solutions from Synchrony Financial.

- Please fax this document back to Synchrony Financial at 866-595-6793
- A Synchrony Financial Enrollment Representative will call you to complete the enrollment process or answer any questions you may have about the program.
- As part of the enrollment process, you will be asked to verbally acknowledge the terms and conditions of the credit program.

## BUSINESS INFORMATION

## SYF RECORD#

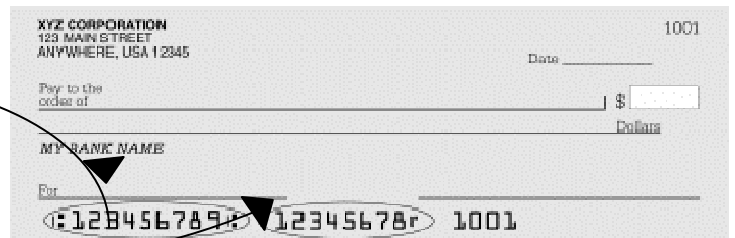
Business Name / DBA (Doing Business As) Name:		Federal Tax ID # (EIN #):	
Corporate or Legal Name (If different than above):		Email Address:	Years in Business:
Business (DBA) Address (Street, City, State, Zip):		Total Business Annual Sales: \$	Projected Annual Sales with GE: \$
Business (DBA) Phone #:	Business (DBA) Fax #:	Percentage of "face to face" transactions at Store Front Location:	
IRS Filing Name: <small>(Name used for federal tax filing; required per IRS Regulations)</small>		Do you have more than one (1) location that you want to enroll? If Yes, please complete the 'Additional Locations' section.	

## 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 Telephone Number:

## BUSINESS INFORMATION:

Bank Transit Number (See image to right):
Bank Account Number (See image to right):
No Personal Accounts.



## BILLING ADDRESS (Complete if different than Business Address shown above.)

Street:	City:	State:	Zip:
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**ADDITIONAL LOCATIONS**

Additional Location Name:		Additional Location Name:	
Location Address (Street, City, State, Zip):		Location Address (Street, City, State, Zip):	
Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____	Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____
Email Address:	Federal Tax ID # (EIN #):	Email Address:	Federal Tax ID # (EIN #):
Bank Transit # (if different):	Bank Account # (if different):	Bank Transit # (if different):	Bank Account # (if different):
Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____		Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____	

Additional Location Name:		Additional Location Name:	
Location Address (Street, City, State, Zip):		Location Address (Street, City, State, Zip):	
Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____	Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____
Email Address:	Federal Tax ID # (EIN #):	Email Address:	Federal Tax ID # (EIN #):
Bank Transit # (if different):	Bank Account # (if different):	Bank Transit # (if different):	Bank Account # (if different):
Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____		Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____	

Additional Location Name:		Additional Location Name:	
Location Address (Street, City, State, Zip):		Location Address (Street, City, State, Zip):	
Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____	Location Fax: (____) ____ - ____	Location Phone: (____) ____ - ____
Email Address:	Federal Tax ID # (EIN #):	Email Address:	Federal Tax ID # (EIN #):
Bank Transit # (if different):	Bank Account # (if different):	Bank Transit # (if different):	Bank Account # (if different):
Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____		Number, if any, needed to dial outside line: (For example, must dial "9" to dial out) _____	

Fax Completed applications to **866-595-6793**