



For WI residents, if you are applying for individual credit or joint credit with someone who is not your spouse, combine your and your spouse's financial information on the application form.

1. APPLICANT INFORMATION: Please tell us about yourself.

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -		Home Phone No. ()
Mailing Address* Apt.# City State Zip		Time at Address Yrs. Mos.		Cell / Other Phone Where We May Call You ()	
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name Street Address (Street Name and Number)		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? City State Zip			
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Monthly Net Income From All Sources \$	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Time At Job Yrs. Mos.	Employer's Phone No. () -	Relative Phone No. () -

2. CO-APPLICANT INFORMATION (COMPLETE ONLY IF - CO-APPLICANT WILL RECEIVE A "MOHAWK COLORCENTER CREDIT CARD")

Name (First-Middle-Last) Please Print		Date of Birth / /	Social Security No. - -		Home Phone No. ()
Mailing Address * Apt.# City State Zip		Time at Address Yrs. Mos.		Cell / Other Phone Where We May Call You ()	
*If the above address is a PO Box, you must provide a street address for yourself or a contact person. Contact Person Name Street Address (Street Name and Number)		<input type="checkbox"/> Your Address? <input type="checkbox"/> Contact Person? City State Zip			
Housing Information <input type="checkbox"/> PARENTS/RELATIVE <input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER	Monthly Net Income From All Sources \$	Alimony, child support or separate maintenance income need not be disclosed unless relied upon for credit.	Employer's Phone No. () -		

3. APPLICANT and CO-APPLICANT: We need your signature(s) below

By signing this application, I ask that GE Capital Consumer Card Co. ("you") issue me a Mohawk Industries Inc. credit card. I am providing this information both to you and to Mohawk Carpet Corporation. 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 Mohawk Carpet Corporation (and its affiliates) for use in connection with the Mohawk Industries Inc. Credit Card program, 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 and that my Account will be used only for personal, family and household purposes. 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. Upon my request, you will advise me of the name and address of each consumer reporting agency from which you obtained a report. I also understand that the Mohawk Industries Inc. credit card agreement (the "Agreement") will govern my Account, the terms of which are hereby incorporated by reference into and made a part of this application, and that these TERMS INCLUDE AN ARBITRATION PROVISION WHICH MAY SUBSTANTIALLY LIMIT MY RIGHTS. My signature on this application represents my signature on the Agreement. I acknowledge that under the Agreement, I grant you a security interest in goods purchased on the Account, as permitted by law. I understand that there is no agreement between us until you approve my application, and that if approved, our Agreement will be deemed to have been made in Ohio. I understand that I may apply for my own Account regardless of my marital status. 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.

Signature of Applicant	Signature of Co-Applicant (If Applicable)
X (Please Do Not Print) _____ Date _____	X (Please Do Not Print) _____ Date _____

PROTECT YOUR CREDIT CARD ACCOUNT WITH DEBT SECURITY - (Optional)

By signing to purchase Debt Security, I acknowledge that I do not need to purchase Debt Security to get credit. A store associate has read me the disclosures set forth below (if the associate solicited this application for Debt Security) and I have received and read the disclosures that are set forth below and in the Debt Security Summary attached. I agree that you may bill my Account a fee each month of \$0.99 per \$100 of the average daily balance of my Account as provided in the terms of the Debt Security agreement. I may cancel at any time.

YES, I would like to purchase Debt Security Sign Here to Enroll X _____
Debt Security is not available for residents of Alabama and Mississippi.

Store Associates who solicit applications for Debt Security must read the following disclosure to the customer:

- 1) Your purchase of Debt Security is optional. Whether or not you purchase Debt Security will not affect your application for credit or the terms of any existing credit agreement you have with us.
- 2) We will give you additional information before your first payment for Debt Security is due. This information will include a copy of the contract containing the terms of Debt Security.
- 3) There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under Debt Security.
- 4) You should carefully read our additional information for a full explanation of the terms of Debt Security.

FOR RETAILER USE ONLY (Validation of Customer I. D.)				VERIFIED BY:	
RETAILER #	ACCOUNT #	KEY #	AMOUNT OF INITIAL TRANSACTION		
APPLICANT 1st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
CO-APPLICANT 1st ID TYPE/NUMBER <input type="checkbox"/> Driver's License <input type="checkbox"/> State Issued <input type="checkbox"/> Federal Government	ISSUANCE STATE	EXP. DATE	CO-APPLICANT 2nd ID (CREDIT CARD TYPE & ISSUER)	EXP. DATE	
RETAILER PHONE #	RETAILER FAX #	APPLICANT SIGNATURE MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO		APPLICANT PHOTO MATCH <input type="checkbox"/> YES <input type="checkbox"/> NO	

PLEASE READ AND KEEP THE GE CAPITAL CONSUMER CARD CO. KEY CREDIT TERMS AND INITIAL CARDHOLDER DISCLOSURE STATEMENT BEFORE SIGNING THIS APPLICATION.

