The Good Times Card Program

A married person may apply for individual credit, you are applying for:
☐ **INDIVIDUAL CREDIT,** complete only applicant section.
☐ **JOINT CREDIT,** with another person, complete entire application.

APPLICANT (Please Print)

First Name | Middle Initial | Last Name | Home Telephone ( ) | Social Security Number ___-___-____

Date of Birth (MM/DD/YY) / / | Current Address | Apt. # | City | State | Zip Code

Since (MM/YY) | ☐ Buyer/Owner ☐ Rent/Lease ☐ Other/Misc. | Previous Address (If less than two years at present) | Apt. # | City | State | Zip Code

Employer | Position | Since (MM/YY) | Gross Monthly Income | Business Telephone ( )

Previous Employer | From (MM/YY) | To (MM/YY) | E-Mail Address

Additional Monthly Income* | Source | Check if you have a: ☐ Checking Account ☐ Savings Account

*Note: Alimony, child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis for paying this obligation.

JOINT APPLICANT (or spouse of applicant if married WI resident - complete name and address only)

First Name | Middle Initial | Last Name | Social Security Number ___-___-____ | Date of Birth (MM/DD/YY) / /

Current Address | Apt. # | City | State | Zip Code | Home Telephone ( )

Since (MM/YY) | Employer | Position | Business Telephone ( ) | Gross Monthly Income | Since (MM/YY)

THE OPTIONAL TAP MONTHLY DEBT CANCELLATION PROGRAM IS ONLY AVAILABLE ON REVOLVING ACCOUNTS, AND NOT AVAILABLE ON CLOSED-END LOANS.

PROTECT YOUR ACCOUNT WITH TAP® The Account Protector (referred to below as TAP) AN OPTIONAL MONTHLY DEBT CANCELLATION PROGRAM

If you enroll in our optional **TAP** program, your monthly credit card balance or a portion of your balance may be cancelled in the case of a qualifying Total Disability, Involuntary Unemployment, or Loss of Life event. For Total Disability, the maximum balance that may be cancelled is $300 per month, up to $10,000 and, for Involuntary Unemployment, up to $300 per month for six months. For Loss of Life, the maximum balance that can be cancelled is $10,000. To receive a cancellation benefit (for other than Loss of Life) on your account, you must be employed full-time (but not self-employed, working for a spouse or employed on a part-time basis) and working 30 hours or more per week at a single job on the date the event occurs. **TAP is not insurance** and is unavailable **in Mississippi, Guam, the Virgin Islands, Puerto Rico and Canada.**

YES, please enroll me, **the primary cardholder,** in the optional **TAP** monthly debt cancellation program. I authorize the monthly charge to my account when I have a balance. I have received and read the **TAP** Summary. I understand that your evaluation of my credit card application will not be influenced by whether I choose to enroll, and I am free to cancel at any time.

NO, I do not wish to enroll at this time.

SIGN HERE TO ENROLL | DATE

SIGN HERE TO DECLINE | DATE

DC-11-16 Ed. 07/01/05

APPLICANT(S) SIGNATURE REQUIRED BELOW

By completing and signing this credit application you are applying to HSBC Bank Nevada, N.A. ("HSBC") for revolving credit to purchase goods and services from an authorized The Good Times Dealer (" The Good Times Dealer"). However, certain types of vehicles sold by The Good Times Dealers will be required to be financed as installment, or closed-end, loans. Therefore, you authorize HSBC or the The Good Times Dealer to submit your application and credit information to HSBC Retail Credit (USA) Inc. ("HRCI"), an affiliate of HSBC, to review your information for a closed-end loan under a separate agreement. All of the information furnished on this application is, to the best of your knowledge complete and accurate. You agree that HSBC and HRCI may obtain a credit bureau report on you and may check any of the information provided on this application from whatever source they choose. By completing and signing this application, you are applying for a credit limit in the highest amount we deem appropriate, regardless of any initial sale amount, and you are requesting a Card issued to you by us which will allow you to make purchases under this Account. By a) signing, using or permitting others to use this Card; b) signing or permitting others to sign sales slips; c) making or permitting others to make purchases by telephone, Internet, or any other means, you agree to the terms and conditions of this Important Terms of Your Credit Card Account, Form 6022-800-40-US-11 (8-05), (which includes an arbitration provision) stated on both sides of this combined application and Important Terms of Your Credit Card Account, which are incorporated herein by reference, and to the Cardholder Agreement and Disclosure Statement which shall be sent to you with the credit card. You have read and received a copy of your Important Terms before making any purchase under this Account. Terms are attached. If this is a joint credit application, you understand that each applicant has the right to use the Account and that you shall be liable for all purchases made under the Account by any joint applicant. You grant us a purchase money security interest in the goods purchased on your Account. **You understand that we may provide information relating to our transactions and experiences with you to others, including The Good Times, whether or not you are approved for credit. You may prohibit the sharing of such information by calling us at 1-800-365-3804.**

Applicant's Signature | **Date (MM/DD/YY)** / /

Joint Applicant's Signature | **Date (MM/DD/YY)** / /

ACCOUNT #

STORE USE ONLY:

Applicant's ID (Type and Number) | State | Date of Issue | Exp. Date

Applicant's Second ID (Type and Number) | State | Date of Issue | Exp. Date

Joint Applicant's ID (Type and Number) | State | Date of Issue | Exp. Date

Joint Applicant's Second ID (Type and Number) | State | Date of Issue | Exp. Date

Authorization Number | Name of Person Obtaining Verification and #

6022-800-40-US-11 (8-05)

IMPORTANT CUSTOMER DISCLOSURE INFORMATION ATTACHED - PLEASE DETACH AND RETAIN FOR YOUR RECORDS.