

# RevCharger XL<sup>SM</sup> Card Program

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

## APPLICANT (Please Print)

First Name	Middle Initial	Last Name	Social Security Number				Date of Birth (MM/DD/YYYY)	
Address			Apt. #	City	State	Zip Code	Home Phone	
Work Phone	Housing	Status: <input type="checkbox"/> Buyer/Owner <input type="checkbox"/> Rent/Lease <input type="checkbox"/> Other/Misc.	Annual Income* (Gross)	Check if you have a:		E-Mail Address (Optional)		
Date of Residence (MM/YYYY)		Employer Name				Date of Employment (MM/YYYY)		

**For WI Residents Only: Check box if you are married:**  **\*Note:** A more child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a credit in 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/YYYY)	
Address			Apt. #	City	State	Zip Code	Home Phone	
Work Phone	Annual Income* (Gross)	Date of Residence (MM/YYYY)	Employer Name		Date of Employment (MM/YYYY)			

**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<sup>®</sup> 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  
DC-11-16

DATE

SIGN HERE TO DECLINE

DATE

11/07/01/05

## 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 RevCharger XL<sup>SM</sup> Dealer ("RevCharger XL<sup>SM</sup> Dealer"). However, certain types of vehicles sold by RevCharger XL<sup>SM</sup> Dealers will be required to be financed as installment, or closed-end, loans. Therefore, you authorize HSBC or the RevCharger XL<sup>SM</sup> 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 6022-370-601-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 RevCharger XL<sup>SM</sup>, 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)
	/ /		/ /

<b>(For RevCharger XL<sup>SM</sup> Use Only)</b>		SALE AMT _____	CREDIT LIMIT _____	I.D. Verified by: _____
I.D. #1 Photo ID (Applicant) Type: _____	I.D. # _____	State _____	Date of Issue ____/____/____	Exp. Date ____/____/____
I.D. #2 Credit Card (Applicant) <input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHER
Exp. Date ____/____/____				
I.D. #1 Photo ID (Joint Applicant) Type: _____	I.D. # _____	State _____	Date of Issue ____/____/____	Exp. Date ____/____/____
I.D. #2 Credit Card (Joint Applicant) <input type="checkbox"/> MC	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> OTHER
Exp. Date ____/____/____				
ACCOUNT# <input type="text"/>	(Account #'s may be either 15 or 16 digits in length)			



6022-370-601-US-11 (8-05)

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