



Charge Card

Enjoy The Benefits

No Annual Fee

Quick Credit Decisions

Preferred Customer Status

Low Monthly Payments

Special Financing Offers

Apply Today !

CANALI ERMENEGILDO ZEGNA ZEGNA SPORT
 ARMANI COLLEZIONI PRADA PRADA SPORT
 LAURENTINO DOLCE & GABBANA GUCCI KITON
 HUGO BOSS ROBERTO CAVALLI JOHN VARVATOS
 ZANELLA ARMANI JEANS SEVEN JEANS ETRO
 SALVATORE FERRAGAMO COLE HAAN MORESCHI
 PAUL SMITH LANVIN MICHAEL KORS ST. JOHN
 COLLETTE DINNIGAN JAMES JEANS NOTIFY JEANS
 NARCISO RODRIGUEZ MARC JACOBS STELLA MCCARTNEY
 PIAZZA SEMPIONE THEORY EARNEST SEWN JEANS
 BALENCIAGA G-SERIES BY COLE HAAN
 BURBERRY CHARLES CHANG LIMA PUMA
 ESCADA ESCADA SPORT BOTTEGA VENETTA
 AND MORE ...

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FROM _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

GARMANY
 PO BOX 731
 MAHWAH, NJ 07430

PLACE
 STAMP
 HERE

CANALI ERMENEGILDO ZEGNA ZEGNA SPORT
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 AND MORE ...

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CREDIT CARD ACCOUNT APPLICATION

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines: **S M I T H**

APPLICANT Please print and complete all blocks. Incomplete form may result in the decline of your application.

First Name	Last Name	Apt. #	Sr., Jr., Other
Resident Address (Street Address Only)			
City	State	Zip	Apt. #
Social Security #	Birth Date - MM-DD-YYYY	PO Box for billing purposes, check here.	
Home Phone	PO Box	Apt. #	
Previous Address (if less than 5 years)			
City	State	Zip	Apt. #
Email	Business Phone		
Employer	Business Phone		

APPLICANT(S) SIGNATURE REQUIRED BELOW

I authorize Shoppers Charge Accounts Co. to check my credit record, verify my credit and employment references. By signing below or by using my Card or Account. I agree to be bound by the terms and conditions of the attached Shoppers Charge Accounts Co. **Retail Revolving Credit Agreement**. I certify that I am age 18 or older and that the information provided on this application is accurate.

Applicant's Signature	Date	Joint Applicant's Signature	Date
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COMPLETE FOR A JOINT ACCOUNT OR AUTHORIZED BUYER OR IF YOU ARE A MARRIED WISCONSIN RESIDENT

<input type="checkbox"/> Joint Applicant (Complete spaces below)	<input checked="" type="checkbox"/> Authorized Buyer (Name/Address only)	
First Name	Last Name	Sr., Jr., Other
Resident Address (Street Address Only)		
City	State	Zip
Social Security #	Birth Date - MM-DD-YYYY	PO Box for billing purposes, check here.
Home Phone	PO Box	Business Phone
Employer	Business Phone	

STORE USE ONLY Identification requires 2 forms of ID. (DL = Drivers License #)

I.D. # 1 Gov. Issued Photo ID Type:	<input type="checkbox"/> DL <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	ID #	State	Exp. Date	Signature Match	Photo Match
I.D. # 2 Credit Card Type:	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	Account Number	Exp. Date	Signature Match	Photo Match (If Applicable)	
Store #	Application Approval Code		Associate #			
Credit Limit	Identification requires 2 forms of ID. (DL = Drivers License #)					
I.D. # 1 Gov. Issued Photo ID Type:	<input type="checkbox"/> DL <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	ID #	State	Exp. Date	Signature Match	Photo Match
I.D. # 2 Credit Card Type:	<input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	Exp. Date	Signature Match	Photo Match (If Applicable)		

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Merchant - After customer completes application, and you have processed the customer information, please fax this form to (800) 358-8050 . DO NOT FAX IN ANY COVER SHEETS, ID'S OR RECEIPTS - APPLICATIONS ONLY

Important Information about Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, federal law requires all Financial Institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your drivers license or other identifying documents.

Truth In Lending Disclosure

ANNUAL PERCENTAGE RATE	22.49% (.0616% Daily Periodic Rate)
VARIABLE PERCENTAGE RATE INFORMATION	The APR may vary. The rate is determined quarterly by adding 14.99% ("Margin") to the highest domestic Prime Rate published in <i>The Wall Street Journal</i> as of the third Tuesday of March, June, September and December of each year.
Grace Period for repayment of the balance of purchases	24 Days from Statement Closing Date
METHOD OF COMPUTING THE BALANCE FOR PURCHASES	Average Daily Balance (including new purchases)
Annual Fee	\$0.00
Late Fee	\$29
Minimum Month FINANCE CHARGE	\$1.00

The information about the costs of the credit card described in this Application is accurate as of May 2006 when it was printed. This information may have changed after that date. To find out what may have changed, call us at 1-800-252-2551 or write to us at: P.O. Box 731 Mahwah, New Jersey 07430.

RETAIL REVOLVING CREDIT AGREEMENT

"I", "me" and "my" mean the borrower(s). If approved, my credit card would be issued by Shoppers Charge Accounts Co., a division of TD Banknorth, N.A. ("you," "your" or the "Bank"). If a credit card is issued, I will be provided with my initial credit limit at the time I receive my credit card. I understand that the Bank may change my credit limit from time to time, either at my request (if the Bank approves my request) or at the Bank's initiative. The Bank has the right to cancel or limit the credit to be extended to me at any time without prior notice. I may use my credit card to obtain advances under this Agreement, in an amount up to my available credit (the difference between my credit limit and my outstanding balance), as long as the Bank has not terminated my right to obtain additional advances. I agree to pay for all purchases made by me and/or others as authorized by me.

I authorize the Bank to obtain credit reports in connection with this Application and from time to time in connection with the review of my account, or any update, extension or renewals of my account, and for the purposes of collection of my account. I authorize the Bank to verify with others any information contained in this Application and to provide information about its transactions with me to third parties (including consumer reporting agencies) for lawful purposes.

I UNDERSTAND YOU MAY REPORT INFORMATION ABOUT MY ACCOUNT TO CREDIT BUREAUS. LATE PAYMENTS, MISSED PAYMENTS, OR OTHER DEFAULTS ON MY ACCOUNT MAY BE REFLECTED IN MY CREDIT REPORT.

1. Finance Charge: I will not have to pay a periodic Finance Charge on purchases if I pay my New Balance in full by the Payment Due Date shown on my current statement, which shall not be less than 24 days after the close of the billing cycle. Otherwise, Finance Charges will accrue from the date of the transaction (or, at the Bank's option, from the date they are posted to my Account) and will continue to accrue until the transaction is paid in full, unless otherwise provided under a Promotional Offer as explained in **section 8** below. The Bank will use the Average Daily Balance method to compute the FINANCE CHARGE. The **FINANCE CHARGE** on my account is figured by applying the Daily Periodic Rate to the AVERAGE DAILY BALANCE of the outstanding purchase transactions (including current transactions) that are subject to the Daily Periodic Rate. To get the AVERAGE DAILY BALANCE the Bank takes the beginning balance of such transactions each day and adds any new purchase transactions and unpaid finance charges, and subtracts any payments or credits. This gives the Bank the DAILY BALANCE. Then the Bank adds together all the daily balances for the billing cycle and this total is divided by the number of days in the billing cycle. This gives you the AVERAGE DAILY BALANCE for the transactions in question. There is a minimum FINANCE CHARGE of \$1.00.

2. Variable Rate: The Daily Periodic Rate of Finance Charge (and the corresponding Annual Percentage Rate ["APR"]) on my account may vary each calendar quarter. The Daily Periodic Rate of Finance Charge (and corresponding APR) will vary based on the highest domestic Prime Rate as published in *The Wall Street Journal* ("Prime Rate") on the third Tuesday of March, June, September and December. The Bank will calculate the rate by adding 14.99% (margin) to the Prime Rate. The rate is applied to my account on the first day of the billing period following the month in which the Bank calculates the rate. If a Prime Rate is not published on the third Tuesday of March, June, September and December, the Prime Rate will be the Prime Rate published on the next day. The initial Daily Periodic Rate of **FINANCE CHARGE** (and the corresponding initial **APR**) is indicated in the table at the beginning of this Agreement under the heading "**ANNUAL PERCENTAGE RATE**" ("**APR**"). The Daily Periodic Rate of Finance Charge (and corresponding APR) may increase if the Prime Rate increases, but the rate will not exceed the maximum rate permitted by applicable law. The Annual Percentage Rate on this account will never be less than 21.00%. The increased Daily Periodic Rate of Finance Charge (and corresponding APR) will apply to new purchases, as well as to the existing balance of my account. If the Daily Periodic Rate of Finance Charge (and corresponding APR) increases, the amount of the finance charge and the Minimum Payment Due may increase.

3. Minimum Payment Due: I agree to pay a Minimum Payment Due which is the greater of \$15.00 or 1/20th of the new balance plus any applicable fees and charges as of my Statement Closing Date. If my account includes balances arising from more than one credit plan, the "Minimum Payment Due" will be the sum of the amounts calculated for each credit plan as stated above, plus any amounts past due and any other fees and charges.

4. Late Fee: If the Minimum Payment Due is not received by the Payment Due Date on the statement, the Bank will charge me a late fee of \$29. At the Bank's option, such late fee will be immediately due and payable.

5. Returned Check Fee: If I pay with a check and my check is returned to the Bank by my financial institution unpaid or dishonored, the Bank may charge me a fee of \$20.00.

6. Statements; Crediting of Payments: The Bank will send a billing statement to my address on the Bank's records each month if required by federal law. Each minimum payment is due on the Payment Due date shown on the billing statement (which will be at least 24 days after the "Statement Closing Date"). Subject to applicable law, the Bank reserves the right to apply payments to my account in any manner the Bank may choose in its sole discretion. Payments are to be sent to the address designated on the billing statement. Payments received at such address with the return portion of the billing statement by 5:00 PM Eastern Time Monday through Friday (excluding bank holidays) will be credited on the day of receipt. Payments received after 5:00PM. Monday through Friday (excluding bank holidays) will be credited on the next business day. Credit for payments not received in U.S. dollars, not made in the envelope provided with the billing statement and accompanied by the payment stub which is part of the billing statement, and/or received at the address for payments designated on the billing statement may be delayed up to five (5) calendar days. Payments must be made by check or money order payable in U.S. funds and drawn on a financial institution located within the United States. If I want to pay with a check that has "payment in full" or some other special notation or instruction on it or with it, I agree to send the payment (including the special notations or instructions) to the Bank at the following address: P.O. Box 731 Mahwah NJ 07430. If I send any such payment to any other address, the Bank may ignore the special notations or instructions, and the Bank's crediting any such check or other instrument to amounts I owe under this Agreement does not mean that the Bank has agreed to the special notations or instructions. **I MAY AT ANY TIME PAY MORE THAN THE MINIMUM PAYMENT DUE. I ALSO MAY AT ANY TIME PAY THE FULL UNPAID BALANCE OF MY ACCOUNT WITHOUT INCURRING ADDITIONAL CHARGES.**

7. Automated Payments: By calling your automated touch-tone bill payment service at 1-888-382-6665, I will be authorizing the Bank or its agent to automatically initiate a single entry ACH debit to my checking account. I will be required to enter my account number and my zip code for authentication purposes. I further authorize my financial institution to accept these debits and charge them to my checking account. This authorization will be for a single payment only in the amount I enter plus a \$7.00 transaction fee. This is a secure

DETACH HERE

