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THE TORO CREDIT CARD CONSUMER APPLICATION - OR TOR

Please read the following before completing this form: (1) Applicant represents that the information given in this Application is complete and accurate and authorizes us to check with credit reporting agencies, credit references and other sources disclosed herein investigating the information given. (2) Please read the attached agreement and sign below before submitting your Application. (3) 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.

APPLICATION MUST BE SIGNED.

Please print in CAPITAL LETTERS and avoid contact with the lines: S M I T H

APPLICANT

 First Name M. Initial Last Name Do You: Own Parents/Relative

 Mailing Address APT # (One) Rent Other

 City State Zip Social Security Number

 If the above address is a PO Box, you must provide a street address for yourself or a contact person Home Phone

 City State Zip Birth Date _____ / _____ / _____
 Month Day Year

 Your Employer How Long (Yrs.) Total Annual Income* Business Phone

E-Mail Address By providing my E-mail address, I consent to receive E-mail communications about my Account and authorize you to provide my E-mail address to Toro so I can receive special offers and updates. Nearest Relative Not Living With You: ***NOTE: Alimony, child support or separate maintenance payments need not be disclosed unless relied upon for credit.**

Name Address City State Zip Home Phone
 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 this application form.

JOINT APPLICANT

 First Name M. Initial Last Name Relationship to Applicant Spouse Other

 Mailing Address APT #

 City State Zip Social Security Number

 Home Phone Birth Date _____ / _____ / _____
 Month Day Year

 Your Employer How Long (Yrs.) Total Annual Income* Business Phone

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. 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 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:

- 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.
- 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.
- There are eligibility requirements, conditions, and exclusions that could prevent you from receiving benefits under Debt Security.
- You should carefully read our additional information for a full explanation of the terms of Debt Security.

APPLICANT/JOINT APPLICANT SIGNATURES

By signing this application, I ask that GE Capital Consumer Card Co. ("you") issue me a Toro Consumer Credit Card. I am providing this information to you, and to dealers that accept Toro Consumer Credit Card. 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 dealers that accept Toro Consumer Credit Card (and their respective affiliates) for use in connection with Toro Consumer 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 Toro Consumer Credit Card agreement (the "Agreement") attached to this application 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 the creditor to obtain, verify, and record information that identifies me/us when I/we open an account. The creditor will use my/our name, address, and other information for this purpose.**

X Applicant Signature Date X Joint Applicant Signature Date

THIS SECTION MUST BE COMPLETED BY THE RETAILER

Applicant's ID (Type and Number) Expires Joint Applicant's ID (Type and Number) Expires
 Account# Dealer Fax # _____
 Dealer # 534812 Dealer Phone # _____
 Contact Name Amount Requested \$ _____ Purchase Amount \$ _____
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To find out about changes in the terms of the attached agreement, write to us at GECCC, P.O. Box 6160, Rapid City, SD 57709-6160 200-188-00 (11/04) TOR