

Home Projects® Visa® Credit Card Account Application

Pages 1-2 and 5-10 of the Application are given to the applicant(s) for their records. The Merchant detaches pages 3-4 and follows their Instructions and Procedures for application storage and submission with Wells Fargo Financial National Bank. The address for submitting applications for document retention is: **Wells Fargo Retail Services, MAC X2599-027, 800 Walnut Street, Des Moines, IA 50309.**



APPLICANT(S) COPY

MERCHANT USE ONLY			V0240(0112)
Merchant Name (required)		Merchant Phone #	Sales Associate
Merchant # (required)	Credit Limit Requested		Purchase Amount
Customer Acct. # (required)	Issuance State	Ex. Date (mm/yy)	Issuance State
Viewed Applicant Federal or State ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Viewed Co-Applicant Federal or State ID: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ex. Date (mm/yy)

APPLICANT(S) INFORMATION (PLEASE PRINT)

Check Account Choice: Individual Joint

Applicant First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Social Security # _____

Physical Street Address & Unit/Apt # (if any) _____ Own Rent _____ P.O. Box (if any) _____

City _____ State _____ Zip Code _____

E-mail Address (optional) - By providing your e-mail address, you consent to receive e-mail communications from us about your account, and you authorize us to provide your e-mail address to the Merchant so you can receive special offers and announcements.

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Annual Income (required)* _____ Employer _____

***INCOME NOTICE:** Income can include all sources. You need not disclose alimony, child support, or separate maintenance income if you do not wish it considered in determining credit worthiness.

Co-Applicant First Name _____ MI _____ Last Name _____

Date of Birth (mm/dd/yyyy) _____ Social Security # _____

Physical Street Address & Unit/Apt # (if any) _____ Own Rent _____ Physical Street Address, P.O. Box, City, State, and Zip Code are the same as Applicant's. P.O. Box (if any) _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Annual Income (required)* _____ Employer _____

***INCOME NOTICE:** Income can include all sources. You need not disclose alimony, child support, or separate maintenance income if you do not wish it considered in determining credit worthiness.

NOTE: If you are married and a Wisconsin resident, we are required by law to obtain the name and address of your spouse unless this is a joint application with your spouse.

Spouse Name: _____ Address: _____

TO HELP THE GOVERNMENT FIGHT THE FUNDING OF TERRORISM AND MONEY LAUNDERING ACTIVITIES, U.S. FEDERAL LAW REQUIRES 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 DRIVER'S LICENSE OR OTHER IDENTIFYING DOCUMENTS.

YOU ACKNOWLEDGE RECEIPT OF A COPY OF THE CREDIT CARD AGREEMENT INCLUDING THE IMPORTANT TERMS OF YOUR CREDIT CARD ACCOUNT. YOU ACKNOWLEDGE THE EXISTENCE OF THE ARBITRATION AGREEMENT CONTAINED IN THE CREDIT CARD AGREEMENT AND YOU SPECIFICALLY AGREE TO BE BOUND BY ITS TERMS.

YOU ACKNOWLEDGE RECEIPT OF A COPY OF THE PRIVACY POLICY FOR WELLS FARGO FINANCIAL NATIONAL BANK.

PLEASE REFER TO YOUR CREDIT CARD AGREEMENT, INCLUDING THE IMPORTANT TERMS OF YOUR CREDIT CARD ACCOUNT, FOR ADDITIONAL INFORMATION ABOUT RATES, FEES AND OTHER COSTS.

SIGNATURE: Your signature means that you have read and agree to the terms of our Credit Card Agreement, including the Important Terms of Your Credit Card Account, and our Arbitration Agreement. You acknowledge receipt of a copy of our Credit Card Agreement, our Arbitration Agreement and our Privacy Policy. You give us and we will retain a purchase-money security interest in goods purchased under this Agreement.

If this credit application is for joint credit, you acknowledge that you intend to apply for joint credit that you both will use.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____