

Home Projects® Visa® Credit Card Account Application



1. Applicant(s) completes Applicant(s) Information section (A), and signs the Acknowledgement (B) section.
2. Merchant enters Applicant(s) Information (A) into electronic application processing system.
3. Merchant obtains credit response.
4. Pages 1-2, and 5-10 of the Application are given to the applicant(s) for their records. The Merchant retains pages 3-4 and follows their application submission and retention procedures with Wells Fargo Financial National Bank.



MERCHANT USE ONLY

Merchant Name (required)		Merchant Phone #		Sales Associate	
Merchant # (required) 4 7 0 5 0 0 0 2 4		Credit Limit Requested		Purchase Amount	
Customer Acct. # (required)		Viewed Applicant Federal or State Id: <input type="checkbox"/> Yes <input type="checkbox"/> No Issuance State _____ Ex. Date (mm/yy) _____		Viewed Co-Applicant Federal or State Id: <input type="checkbox"/> Yes <input type="checkbox"/> No Issuance State _____ Ex. Date (mm/yy) _____	

V0240(0210)

(A) APPLICANT(S) INFORMATION (PLEASE PRINT)

Check Account Choice: Individual Joint

Applicant First Name/Middle Initial		Co-Applicant First Name/Middle Initial	
Last Name		Last Name	
Social Security #		Social Security #	
Date of Birth (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)	
Physical Street Address <input type="checkbox"/> Own <input type="checkbox"/> Rent Apt. # and P.O. Box (if any)		Physical Street Address <input type="checkbox"/> Own <input type="checkbox"/> Rent Apt. # and P.O. Box (if any)	
City State Zip Code		City State Zip Code	
Home Phone # (required)		Home Phone # (required)	
Cell Phone # (required)		Cell Phone # (required)	
E-mail Address (optional)		E-mail Address (optional)	
Employer		Employer	
*Annual Income (required)		*Annual Income (required)	
Work Phone #		Work Phone #	

By providing my e-mail address, I consent to receive e-mail communications from you about my account, and I authorize you to provide my e-mail address to the Merchant referenced above so I can receive special offers and announcements.

***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. See the Wisconsin Notice Section of the Credit Card Account Agreement General Terms for the address with which to contact us regarding this information.

(B) ACKNOWLEDGEMENT OF CREDIT CARD ACCOUNT AGREEMENT AND PROMOTIONAL TERMS
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 ACCOUNT AGREEMENT. YOU ACKNOWLEDGE THE EXISTENCE OF THE ARBITRATION AGREEMENT CONTAINED IN THE CREDIT CARD ACCOUNT AGREEMENT AND YOU SPECIFICALLY AGREE TO BE BOUND BY ITS TERMS.

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

PLEASE REFER TO THE BACK OF THIS CREDIT CARD APPLICATION PAGE AND TO YOUR CREDIT CARD ACCOUNT AGREEMENT 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 Account Agreement and our Arbitration Agreement. You acknowledge receipt of a copy of our Credit Card Account 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 _____

TO BE RETAINED BY APPLICANT(S)