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| FOR OFFICE USE ONLY | | |
| Client # _____ | Authorization # _____ | Purchase Amount _____ |
| Merchant ID # _____ | Store # _____ | Amount of Credit Limit Requested _____ |
| Merchant Name _____ | Salesperson _____ | Driver's License # _____ |
| Merchant Phone # _____ | | |
| Customer Acct. # _____ | | |



Home Projects® Visa® Credit Card Account Application

Check Account Choice Individual Joint

3100A 2905 0509

APPLICANT INFORMATION (please print)

Name _____ Date of Birth ____/____/____
First MI Last

Physical Address _____
Street Apt. No. and P.O. Box (if any) City State Zip Code

Own Rent Home Phone No. (____) _____ Cell Phone No. (____) _____

E-mail Address (optional)

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 name referenced above so I can receive special offers and announcements.

Employer _____ Social Security No. ____/____/____

Work Phone No. (____) _____ *Annual Income \$ _____

CO-APPLICANT INFORMATION

Name _____ Date of Birth ____/____/____
First MI Last

Physical Address _____
Street Apt. No. and P.O. Box (if any) City State Zip Code

Physical Address same as Applicant's Home Phone No. (____) _____ Cell Phone No. (____) _____

Employer _____ Social Security No. ____/____/____

Work Phone No. (____) _____ *Annual Income \$ _____

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

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.

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 WHICH WAS PROVIDED TO YOU IN A SEPARATE DOCUMENT. PLEASE REFER TO THE REVERSE SIDE OF THE ATTACHED 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 attached 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.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

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Please complete the above application and submit to the Merchant. Or if you prefer, you may submit the application by mail to:
 Wells Fargo Financial National Bank, c/o Central Processing F4030-041, 800 Walnut Street, Des Moines, IA 50309.

Tear at Perforation, Fold, Seal and Mail