

Wells Fargo Home Projects Credit Card Account Application



Pages 1-10 of the Application are given to the applicant(s) for their records. The Merchant detaches pages 11-12 and follows their instructions and Procedures for application storage and submission with Wells Fargo Bank, N.A. The address for submitting applications for document retention is: **Wells Fargo Retail Services, MAC F0003-030, 800 Walnut Street, Des Moines, IA 50309.**

CODE: 0318

P2410(0318)

MERCHANT USE ONLY

Merchant Name (required) _____

Merchant Number (required) _____ Merchant Phone Number _____ Sales Associate _____

Customer Acct. Number (required) _____ Purchase Amount _____

Viewed Applicant Federal or State ID: Yes No Issuance State _____ Ex. Date (mm/yy) ____/____

Viewed Co-Applicant Federal or State ID: Yes No Issuance State _____ Ex. Date (mm/yy) ____/____

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 driver's license or other identifying documents.

APPLICANT(S) INFORMATION (PLEASE PRINT)

Check Account Choice: Individual Joint

Applicant First Name _____ MI ____ Last Name _____

Date of Birth (mm/dd/yyyy) ____/____/____ Social Security Number ____-____-____

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

City _____ State _____ Zip Code _____

E-mail Address† _____

Home Phone Number† _____ Cell Phone Number† _____ Work Phone Number† _____

†By providing your contact information, you agree that we may contact you regarding your account by email or by phone using automated dialers, artificial or recorded voice messages, or by text message.

Net Annual Income* _____ Employer _____

*You need not list income from alimony, child support, or separate maintenance payments unless you wish it considered as a basis for repaying this obligation. You may include income that you earn or own, including funds regularly deposited into accounts you own. If you are age 21 or older, you may also include accessible income which is not earned or owned by you but is regularly accessed or used to pay your expenses.

MARRIED WISCONSIN RESIDENTS: If you are approved for credit, please contact us immediately at 1-855-412-2787 if you applied either individually or jointly with someone other than your spouse. You must provide us with the name and address of your spouse. We are required by law to inform your spouse that you have opened an account with us.

Co-Applicant First Name _____ MI ____ Last Name _____

Date of Birth (mm/dd/yyyy) ____/____/____ Social Security Number ____-____-____

Physical Street Address, P.O. Box, City, State, and Zip Code are the same as Applicant's.

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

City _____ State _____ Zip Code _____

Home Phone Number† _____ Cell Phone Number† _____ Work Phone Number† _____

†By providing your contact information, you agree that we may contact you regarding your account by email or by phone using automated dialers, artificial or recorded voice messages, or by text message.

Net Annual Income* _____ Employer _____

*You need not list income from alimony, child support, or separate maintenance payments unless you wish it considered as a basis for repaying this obligation. You may include income that you earn or own, including funds regularly deposited into accounts you own. If you are age 21 or older, you may also include accessible income which is not earned or owned by you but is regularly accessed or used to pay your expenses.

ACKNOWLEDGEMENT AND SIGNATURE: Your signature means that all of the information you provided as part of your application is true and complete and that you have received, read, and agree to the terms of our Credit Card Agreement, our Arbitration Agreement, and the Wells Fargo Retail Services Privacy Notice. You agree that in order to process your application, we will obtain information necessary to evaluate your credit, employment, assets, and income records. You also authorize us to obtain a credit report at no cost to you. You give us and we will retain a purchase-money security interest in goods purchased under our Credit Card Agreement. The Arbitration Agreement may not apply to you if you are on active duty military service (including active guard or reserve service) or you are a spouse or dependent of a person who is on such active duty military service (please see the Important Statement Concerning Active Duty Military Service paragraph in the Credit Card Agreement for more information). 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 _____

APPLICANT(S) COPY