

# 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.



<b>MERCHANT USE ONLY</b>		
Merchant Name (required)		<b>V0240 0910</b>
Merchant # (required)	Merchant Phone #	Sales Associate
Customer Acct. # (required)	Credit Limit Requested	Purchase Amount
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) _____

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

Check Account Choice:  Individual  Joint

<p>Applicant First Name/Middle Initial</p> <p>Last Name</p> <p>Date of Birth (mm/dd/yyyy)      Social Security #</p> <p>Physical Street Address      <input type="checkbox"/> Own   <input type="checkbox"/> Rent      Apt. # and P.O. Box (if any)</p> <p>City      State      Zip Code</p> <p>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 referenced above so you can receive special offers and announcements.</p> <p>Home Phone #</p> <p>Cell Phone #</p> <p>Employer</p> <p>Work Phone #</p> <p>*Annual Income (required)</p>	<p>Co-Applicant First Name/Middle Initial</p> <p>Last Name</p> <p>Date of Birth (mm/dd/yyyy)      Social Security #</p> <p>Physical Street Address      <input type="checkbox"/> Own   <input type="checkbox"/> Rent      Apt. # and P.O. Box (if any)</p> <p>City      State      Zip Code</p> <p>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 referenced above so you can receive special offers and announcements.</p> <p>Home Phone #</p> <p>Cell Phone #</p> <p>Employer</p> <p>Work Phone #</p> <p>*Annual Income (required)</p>
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**\*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: \_\_\_\_\_

## **(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 INCLUDING THE IMPORTANT TERMS OF YOUR CREDIT CARD ACCOUNT. 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 PRIVACY POLICY FOR WELLS FARGO FINANCIAL.**

**PLEASE REFER TO YOUR CREDIT CARD ACCOUNT 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 Account Agreement, including the Important Terms of Your Credit Card Account, 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

**NOTICE: See reverse side for important information.**

TO BE RETAINED BY APPLICANT(S)