

FOR RETAILER USE ONLY

Client # _____
 Retailer ID # _____ Authorization # _____ Purchase Amount _____
 Retailer Name _____ Store # _____ Amount of Credit Limit Requested _____
 Retailer Phone # _____ Salesperson _____ Driver's License # _____
 Customer Acct. # _____

Preferred Customer Account Credit Card Account Application

Check Account Choice Individual Joint

3100A WFFNB-HF 0309

APPLICANT INFORMATION (please print)

Name _____ Date of Birth ____/____/____
 First M.I. 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 Retailer 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 M.I. 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.

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 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 _____

Please complete the above application and submit to the Retailer. 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.

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Use separate envelope for signature, return, seal and mail