

Wells Fargo Home Furnishings® 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 F003-030, 800 Walnut Street, Des Moines, IA 50309.**

CODE: 1022

MERCHANT USE ONLY

Merchant Name (required) _____

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

Customer Acct. Number (required) _____ Estimated Purchase Amount if Known _____

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) _____

P1680(1022)

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. You must have an address located within the United States, U.S. Territories, U.S. Commonwealths, or a U.S. Military Address to open an account.

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/ITIN _____

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* _____ Mobile 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 _____

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/ITIN _____ 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* _____ Mobile 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 _____

ACKNOWLEDGMENT 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. You are providing the information in this application to us, to Merchants that accept the Card, and to program sponsors. We may provide information about you (even if your application is declined) to Merchants that accept the Card and to program sponsors so they can create and update their records, and provide you with services and special offers. The Arbitration Agreement may not apply to you if you are a covered borrower. Please see The Military Lending Act Notice in the 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 _____

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