

## Home Projects Preferred Credit Card Application

### ELECTRONIC APPLICATION INSTRUCTIONS

- 1 Customer completes Applicant Information **(A)** and signs. Merchant provides customer with the Credit Card Account Agreement.
- 2 Store enters remaining Applicant Information into electronic application processing system.
- 3 Store obtains credit response.
- 4 Store retains Applicant Information **(A)** following Application Storage Instructions **(B)**.

### **(A)** APPLICATION INFORMATION

Store # \_\_\_\_\_

	APPLICANT (PLEASE PRINT)				CO-APPLICANT (PLEASE PRINT)			
APPLICANT COMPLETES	First Name				First Name			
	Last Name				Last Name			
	Area Code Home Phone ( ) ( )		Area Code Alternate Phone ( ) ( )		Area Code Home Phone ( ) ( )		Area Code Alternate Phone ( ) ( )	
FOR QUEBEC RESIDENTS: All pertaining correspondence will be drawn up in French. To indicate your express wish that these documents be drawn up in English, please sign here. It is the express wish of the parties that all correspondence be drawn up in English. Signature: _____ CUSTOMER SERVICE INQUIRIES: PLEASE CALL 1-866-233-1264.								
MERCHANT COMPLETES	APPLICANT'S Last 4 Digits of Valid Photo ID		Expiration Date		CO-APPLICANT'S Last 4 Digits of Valid Photo ID		Expiration Date	
	<b>Valid Photo ID Type – PLEASE CHECK ONE</b> Valid photo identification is classified as being any of the following forms that is not expired and has a photo affixed to it. Valid photo identification must be verified for each applicant and co-applicant as applicable. <ul style="list-style-type: none"> <li><input type="checkbox"/> Provincial Driver's License (Province) _____</li> <li><input type="checkbox"/> Provincial identification issued by the provincial government that includes a signature and a photograph (Provincial Health Card excluded as a valid form of identification).</li> <li><input type="checkbox"/> Canadian Passport</li> <li><input type="checkbox"/> Certificate of Canadian Citizenship or Naturalization</li> <li><input type="checkbox"/> Certificate of Indian Status</li> <li><input type="checkbox"/> Canadian Citizenship Card</li> <li><input type="checkbox"/> Old Age Security Card</li> <li><input type="checkbox"/> Permanent Resident Card</li> <li><input type="checkbox"/> Military identification Card</li> </ul>				<b>Valid Photo ID Type – PLEASE CHECK ONE</b> Valid photo identification is classified as being any of the following forms that is not expired and has a photo affixed to it. Valid photo identification must be verified for each applicant and co-applicant as applicable. <ul style="list-style-type: none"> <li><input type="checkbox"/> Provincial Driver's License (Province) _____</li> <li><input type="checkbox"/> Provincial identification issued by the provincial government that includes a signature and a photograph (Provincial Health Card excluded as a valid form of identification).</li> <li><input type="checkbox"/> Canadian Passport</li> <li><input type="checkbox"/> Certificate of Canadian Citizenship or Naturalization</li> <li><input type="checkbox"/> Certificate of Indian Status</li> <li><input type="checkbox"/> Canadian Citizenship Card</li> <li><input type="checkbox"/> Old Age Security Card</li> <li><input type="checkbox"/> Permanent Resident Card</li> <li><input type="checkbox"/> Military identification Card</li> </ul>			

Please read the following, provide information requested, enter date and sign.

I\*, the undersigned Applicant, apply for and request Wells Fargo Financial Retail Services Company Canada ("WFFRS") or its affiliates to establish an account to provide credit under the terms of the Credit Card Account Agreement and I further agree and consent to the use of "personal information" as set out in the Agreement and Consent to Use of Personal Information on the reverse.

\*If a co-applicant signs this application with me, we both acknowledge that the terms of this application and all consents given in it, bind both of us and shall apply with whatever changes of grammar as are necessary. We also agree to be jointly and severally liable, which means we are liable both individually and together to pay WFFRS for all amounts charged to the Account.

I consent to the receipt, disclosure and exchange of personal information (including credit, employment, or other information) from, to or with any credit reporting agency, credit bureau, personal information agent, credit grantor, insurer and their agents, employer, affiliate of WFFRS or other person with whom I have or propose to have a financial relationship.

By signing below I confirm that I have received the Credit Card Account Agreement General Terms governing my account. I also authorize you to contact me at the telephone number provided with this application for the purposes set forth herein.

Signature of Account Applicant	Date	Signature of Account Co-Applicant	Date
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### **(B)** APPLICATION STORAGE INSTRUCTIONS

- Retain completed applications, credit memos, invoices, and any documents referenced in invoices in a locked file cabinet or secure area.
- Refer to the Online Resource Center for detailed information regarding Wells Fargo Financial Retail Services document storage and security policies.
- From time to time Wells Fargo Financial Retail Services may request stored applications for auditing purposes regarding your filing and destruction procedures.

#### IF ELECTRONIC OR INTERNET PROCESSING IS NOT AVAILABLE:

- 1) Store completes FOR STORE USE ONLY section – Store Number is a mandatory field
- 2) Customer completes full application on the reverse side
- 3) Customer must sign the bottom of the application form
- 4) Fax the full application to the number at the top of the page.



FOR STORE USE ONLY				
Client Number	Store/Merchant Number	Employee Number		
TS Code	048-01	HPC	Credit Requested	Amount of Purchase

# Home Projects Preferred Credit Card Application

## APPLICANT'S PERSONAL INFORMATION (PLEASE PRINT)

FOR FAXED APPLICATIONS ONLY	First Name		Initial	Last Name		Date of Birth	M	D	Y	<b>FOR NON-QUEBEC RESIDENTS:</b> Indicate your language preference: English <input type="checkbox"/> French <input type="checkbox"/>  <b>FOR QUEBEC RESIDENTS:</b> All pertaining correspondence will be drawn up in French. To indicate your express wish that these documents be drawn up in English, please sign below. It is the express wish of the parties that all correspondence be drawn up in English.  _____ (Signature)  Social Insurance # (optional)	
	Apt.	Street Address			P.O. Box	City	Province		Postal Code		
	Time at Residence	Yrs.	Mos.	Own Rent	Home Value	Mortgage Balance	Area Code	Home Phone	Area Code		Alternate Phone
	Current Employer/Source of Income				Time at Employer	Yrs.	Mos.	Occupation			
	Gross Annual Income				Area Code	Business Phone		Email Address			
Photo ID Type	Photo ID Number (last 4 digits)		Province (for Drivers License only)			Photo ID Expiration Date					

**CO-APPLICANT INFORMATION:** This information will not be processed without the signature of the Co-Applicant. Please do not use this area to request supplementary cards. TO REQUEST SUPPLEMENTARY CARDS ON YOUR ACCOUNT, OR FOR ANY OTHER ACCOUNT INFORMATION, PLEASE CALL: 1-866-233-1264.

FOR FAXED APPLICATIONS ONLY	First Name		Initial	Last Name		Date of Birth	M	D	Y	Area Code	Home Phone	
	Apt.	Street Address			P.O. Box	City	Province		Postal Code	Area Code	Alternate Phone	
	Current Employer		Time at Employer	Yrs.	Mos.	Occupation			Gross Annual Income		Area Code	Business Phone
	Photo ID Type	Photo ID Number (last 4 digits)		Province (for Drivers License only)			Photo ID Expiration Date			Social Insurance # (optional)		

**Please read the following, enter date, and sign.**

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\*If a co-applicant signs this application with me, we both acknowledge that the terms of this application and all consents given in it, bind both of us and shall apply with whatever changes of grammar as are necessary. We also agree to be jointly and severally liable, which means we are liable both individually and together to pay WFFRS for all amounts charged to the Account.

I consent to the receipt, disclosure and exchange of personal information (including credit, employment, or other information) from, to or with any credit reporting agency, credit bureau, personal information agent, credit grantor, insurer and their agents, employer, affiliate of WFFRS or other person with whom I have or propose to have a financial relationship.

By signing below I confirm that I have received the Credit Card Account Agreement General Terms governing my account. I also authorize you to contact me at the telephone number provided with this application for the purposes set forth herein.

Signature of Account Applicant	Date	Signature of Account Co-Applicant	Date
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**AGREEMENT & CONSENT to USE of PERSONAL INFORMATION**

I consent to and accept this as written notice of WFFRS, its affiliates, service providers, professional advisors, and insurers and their agents receiving, disclosing, exchanging and using any personal information about me for the purposes set out below. To help the government fight the funding of terrorism and money laundering activities, WFFRS obtains, verifies and records information that identifies each person who opens an account. Accordingly, when an account is opened, WFFRS will ask for the applicant's name, address, date of birth, and other information that will allow WFFRS to identify the applicant. WFFRS may also ask to see the applicant's driver's license or other identifying documents. I hereby also authorize any person who is contacted in this regard to provide such information. I acknowledge that my consent to "Use of Personal Information" includes:

- a) WFFRS providing the retailer who accepts the card for which I am applying (the "Retailer") with WFFRS' decision with respect to this application and if my card application is accepted, my account number and any other information which the Retailer may reasonably require;
- b) The Retailer providing WFFRS with information related to any loyalty or reward program offered by that retailer where such loyalty or reward program is administered by WFFRS and WFFRS' receipt, exchange and use of such information.

**TELEPHONE MONITORING AND CONTACTING** I consent to and authorize WFFRS, its affiliates, service providers and others WFFRS may designate, to monitor and/or record my telephone conversations with any of its or their representatives in order to help ensure quality service. I agree, in order for you to service my account, to market products and/or services as provided herein, or to collect any amounts I may owe, that you may from time to time make calls and/or send e-mails and/or text messages to me, using prerecorded/artificial voice messages and/or through the use of an automatic dialing device, at any telephone number associated with my account, including mobile telephone numbers that could result in charges to me or at any e-mail address you provide us.

Credit will be extended by WFFRS upon approval of this application and I request an account card be issued to me and any renewal or replacements thereof. All information provided by me in connection with this application is true, accurate and complete in all respects.

In this Agreement & Consent "personal information" means any information that relates to an individual and allows that individual to be identified. In order to evaluate my credit application, to continue monitoring my credit status, to provide any insurance coverage I apply for in connection with my account card and for the purposes set out below (the "purpose of the file"), I consent to the creation of personal information files containing credit and other personal information. Only those employees of WFFRS and its affiliates, insurers and their agents whose job functions involve assessment of creditworthiness, credit applications, monitoring, processing of payments, administration of insurance coverages and matters relating to the purpose of the file, will have access to my file.

WFFRS, its affiliates, insurers and their agents and service providers may use any personal information relating to my account or me:

- a) to establish, maintain and administer my account;
- b) to determine my eligibility for products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and selected service providers, including monitoring my purchase history as well as evaluating my credit standing;
- c) to determine the suitability of account benefits, services or enhancements, and/or which other product or service offers may be of interest to me;
- d) to promote and market additional products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and selected service providers, including by means of direct marketing;
- e) to administer any insurance coverage or services I receive or apply for in connection with my account card;
- f) to comply with legal and regulatory requirements; and
- g) for any other purpose not prohibited by law.

I understand I can tell you to stop using personal information about me in order to promote and market additional products, goods and services offered by WFFRS, its affiliates, insurers and their agents, and service providers. I agree that my Social Insurance Number may be used as an aid to identify me with credit bureaus and others for credit history file matching, insurance and other administrative purposes.

I also consent to the retention of personal information about me for as long as is needed for the purposes described above, even after I cease to be a customer. While I understand that I can tell WFFRS, its affiliates, insurers and their agents, and service providers to stop using and/or exchanging information about me in order to market their products and services, I agree that during the term of any loan or credit facility, I may not withdraw my consent to the ongoing collection, use or disclosure of my personal information in connection with the loan or credit facility. Moreover, in order to ensure the accuracy, completeness and integrity of the credit reporting system, I specifically consent to the continued disclosure of my personal information to credit bureaus even after the loan or credit facility has been retired and I promise that I shall not withdraw such consent. I understand I have the right to access my file upon written request and to correct or complete the information in my file.

**DISCLOSURE**

- The finance/credit charge rate (as at 01/2009) is 28.8% per annum.
- Finance/credit charges are assessed on the average daily balance\* of the Account during the billing period
  - \*For Non-Quebec Residents: The average daily balance is determined by taking the daily balance at the beginning of each day during the monthly billing period and subtracting any payments or credits, and adding any purchases made during the day. The aggregate of all the daily balances during the billing period is then calculated and that figure is divided by the total number of days in the billing period.
  - \*For Quebec Residents only: The average daily balance is determined by taking the daily balance at the beginning of each day during the monthly billing period and subtracting any payments or credits. The aggregate of all the daily balances during the billing period is then calculated and that figure is divided by the total number of days in the billing period. New purchases form part of the average daily balance for the next succeeding billing period. Credit charges will not be assessed on purchases appearing on the billing statement for the first time.
- There is a grace period for purchases, equal to the number of days in the month of the current billing period, provided that they are appearing on the billing statement for the first time, there is no previous balance and the total new balance listed on the billing statement is paid in full by the payment due date.
- The minimum payment for the account is the greater of (a) 3% of the current month's balance plus any payments due and owing plus any special subaccount(s) minimum payment for that period or (b) \$10. The minimum payment will be rounded to the nearest dollar.
- Other Charges: The account may be charged for the following items. These items will be charged as transactions under the account:
  - Returned Instrument Fee. If any cheque, other instrument, or direct debit for payment on the account is dishonoured or returned unpaid for any reason, the account will be charged a returned instrument fee of \$20.
  - Statement Reprint Fee. There will be a \$5 fee charged to the account for the reprinting of any statement that is not the current month's statement.
- The maximum liability for fraudulent use of a credit card issued by WFFRS is \$50.