

Carrier® Credit Card Account Application

The Carrier® credit card is a Visa® credit card that can be used anywhere Visa is accepted.

Pages 1-2 and 5-10 of the Application are given to the applicant(s) for their records. The Merchant detaches pages 3-4 and follows their Instructions and Procedures for application storage and submission with Wells Fargo Financial National Bank. The address for submitting applications for document retention is: **Wells Fargo Retail Services, MAC X2599-027, 800 Walnut Street, Des Moines, IA 50309.**



CV2360(0114)

MERCHANT USE ONLY

Merchant Name (required)	Merchant Phone #		Sales Associate
Merchant # (required)	Credit Limit Requested		Purchase Amount
Customer Acct. # (required)	Issuance State	Ex. Date (mm/yy)	Viewed Applicant Federal or State ID: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Viewed Co-Applicant Federal or State ID: <input type="checkbox"/> Yes <input type="checkbox"/> No	Issuance State	Ex. Date (mm/yy)

APPLICANT(S) INFORMATION (PLEASE PRINT)

Check Account Choice: Individual Joint

Applicant First Name	MI	Last Name
Date of Birth (mm/dd/yyyy)	Social Security #	
Physical Street Address & Unit/Apt # (if any)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	P.O. Box (if any)
City	State	Zip Code
E-mail Address		
Home Phone #	Cell Phone #	Work Phone #
Gross Annual Income*	Employer	

*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. 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.

MARRIED WISCONSIN RESIDENTS: If you are applying either individually or jointly with someone other than your spouse, please contact us immediately at: 1-855-412-2787 and 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 #	
Physical Street Address & Unit/Apt # (if any)	<input type="checkbox"/> Own <input type="checkbox"/> Rent	P.O. Box (if any)
City	State	Zip Code
Home Phone #	Cell Phone #	Work Phone #
Gross Annual Income*	Employer	

*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. 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.

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.

ACKNOWLEDGEMENT: You acknowledge receipt of a copy of the Credit Card Agreement including the Important Terms of Your Credit Card Account. You acknowledge the existence of the Arbitration Agreement contained in the Credit Card Agreement and you specifically agree to be bound by its terms.

You acknowledge receipt of a copy of the Wells Fargo Financial National Bank Privacy Notice.

Please refer to your Credit Card 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 Agreement, including the Important Terms of Your Credit Card Account, and our Arbitration Agreement. You acknowledge receipt of a copy of our Credit Card Agreement, our Arbitration Agreement and the Wells Fargo Financial National Bank Privacy Notice. 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

APPLICANT(S) COPY