

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.**



CODE: 0116

CV2360(0116)	Merchant Name (required)			MERCHANT USE ONLY																			
	Merchant # (required)			Merchant Phone #						Sales Associate													
	Customer Acct. # (required)			Credit Limit Requested						Purchase Amount													
	Viewed Applicant Federal or State ID:			<input type="checkbox"/> Yes			Issuance State			Ex. Date (mm/yy)			Viewed Co-Applicant Federal or State ID:			<input type="checkbox"/> Yes			Issuance State			Ex. Date (mm/yy)	
			<input type="checkbox"/> No												<input type="checkbox"/> No								

APPLICANT(S) COPY	APPLICANT(S) INFORMATION (PLEASE PRINT)												Check Account Choice: <input type="checkbox"/> Individual <input type="checkbox"/> 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 #												
	Net Annual Income*						Employer																		

* 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. 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.

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.

APPLICANT(S) COPY	Co-Applicant First Name												MI	Last Name											
	Date of Birth (mm/dd/yyyy)				Social Security #								<input type="checkbox"/> Physical Street Address, P.O. Box, City, State, and Zip Code are the same as Applicant's.												
	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 #												
	Net Annual Income*						Employer																		

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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											

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