

<b>FOR RETAILER USE ONLY</b>			
Client # <u>4 2 5 2</u>	Authorization # _____	Purchase Amount _____	
Retailer ID # <u>577442173001173</u>	Store # _____	Amount of Credit Limit Requested _____	
Retailer Name <u>Briarcrest Veterinary Care</u>	Salesperson _____	Driver's License # _____	
Retailer Phone # <u>(520) 298-4123</u>			
Customer Acct. # _____			

## Preferred Customer Account Credit Card Account Application

### APPLICANT INFORMATION (please print)

Check Account Choice  Individual  Joint

3100A WFFNB-OT 0309

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 \_\_\_\_\_

Tear at Perforation, Fold, Seal and Mail