



# Homecard<sup>®</sup> MD APPLICATION

FOR STORE USE ONLY		
002-01	Store Number <b>HHD</b>	Store Employee Number
TS Code <b>4SS</b>	Credit Requested	Amount of Purchase

**APPLICANT'S PERSONAL INFORMATION**

PLEASE PRINT

First Name		Intital		Last Name		Date of Birth		M	D	Y
Apt.	Street Address	PO Box	City		Province	Postal Code				
Area Code ( )	Home Phone		Time at Residence	Yrs.	Mos.	Own	Rent	Parents	Other	Language Preference: English <input type="checkbox"/> French <input type="checkbox"/>
Apt.	Previous Address (if less than 2 years at current address)			City		Province	Postal Code			
Curent Employer/Source of Income			Occupation			Gross Annual Income				
Employer's Address		City	Province	Time at Employer	Yrs.	Mos.	Area Code ( )	Business Phone		
Previous Employer (if less than 2 years at current employer)				City		Province	Time at Previous Employer	Yrs.	Mos.	
Driver's Licence Number		Province	Social Insurance Number (Optional)			Email Address				

**CREDIT HISTORY**

Bank Institution	Branch Address	Savings Acct. Number	Chequing Acct. Number	Area Code	Phone Number ( )
Please check if you have the following credit cards: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex			Visa / MasterCard / Amex Number		
Mortgage / Rent Amount		Other Income	Source		

**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: 1-800-462-3620 BETWEEN 9:30 AM AND 6:30 PM LOCAL TIME.

First Name		Intital		Last Name		Date of Birth		M	D	Y
Apt.	Street Address	City	Province	Postal Code	Area Code	Home Phone ( )		Time at Residence	Yrs.	Mos.
Employer		Occupation	Time at Employer	Yrs.	Mos.	Address				
Area Code ( )	Business Phone		Gross Annual Income	Driver's License Number		Province	Social Insurance Number (Optional)			

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

I\*, the undersigned Applicant, apply for and request Wells Fargo Financial Retail Services Company Canada ("WFFRS")/la Société financière Wells Fargo Canada, services de détail or its affiliates to establish an account to provide credit under the terms of the Cardholder 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.

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.

**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.**

Signature of Account Applicant	Date	Signature of Account Co-Applicant	Date
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**OPTIONAL COVERAGE - BALANCE PROTECTION PLAN:** If you are between 18 and 65, working full-time and not self-employed, you are eligible for the Balance Protection Plan. For \$0.99 per \$100 of your previous month's ending balance, plus applicable taxes, Balance Protection Plan will make your minimum monthly payments (24 month maximum) in the event of disability (you must be disabled from performing any work for which you are suited) or involuntary job loss; or on death or accidental dismemberment, will pay the entire balance to a maximum of \$10,000; or if hospitalized for 7 consecutive days, will pay one payment up to \$500 maximum; or for common carrier accidental death, will pay \$20,000 to your beneficiary. Coverage is also provided to your spouse if enrolled as a supplemental cardholder. Some conditions and restrictions apply. The cost is \$0.99 per \$100 (excluding any applicable taxes) of your previous month's ending balance. If you have no statement balance, you pay nothing. 20 DAY FREE LOOK. You have 20 days from receipt of your certificate to decide whether the Balance Protection Plan is right for you. If it's not, just cancel and any charge will be credited to your account. Please refer to your Certificate of Insurance for particulars of coverage including limitations and exclusions.

**BALANCE PROTECTION PLAN IS UNDERWRITTEN BY American Bankers Life Assurance Company of Florida and American Bankers Insurance Company of Florida AND IS OFFERED IN ALL PROVINCES AND TERRITORIES WITH THE EXCEPTION OF ALBERTA AND QUEBEC.**

YES, I would like the Balance Protection Plan and accept that a monthly premium based on my previous month's ending balance, plus applicable taxes, will be charged to my account. I understand this is optional coverage and I am free to cancel at any time. I have read the additional information outlined on the back of the application form, request to be enrolled in the program and consent to the use of my personal information for the purposes identified.

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. 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.

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 or to collect any amounts I may owe, that you may from time to time make calls and send 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.

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 **09/2007**) is **28.8%** per annum.
- For Non-Quebec Residents: Finance/credit charges are assessed on the previous month's balance. Finance charge is avoided only when payment of the full balance reaches us by the payment due date as identified on the monthly statement.
- For Quebec Residents only: Finance/credit charges are assessed on the average daily balance of the Account during the billing period. 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 an 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.