

CREDIT CARD ACCOUNT APPLICATION

APPLICATION MUST BE SIGNED. Please print in CAPITAL LETTERS and avoid contact with the lines: **S M I T H** PPSWSI(1008)

APPLICANT Please print and complete all blocks. Incomplete form may result in the decline of your application.

First Name										Last Name										Sr., Jr., Other	
Resident Address (Street Address Only)																				Apt. #	
City										State		Zip									
Social Security #					-		-		Birth Date - MM-DD-YYYY					-		-					
Home Phone					-		-		PO Box					<input type="checkbox"/> PO Box for billing purposes, check here.							
Previous Address (if less than 5 years)																				Apt. #	
City										State		Zip									
Email																					
Employer										Business Phone					-					-	

APPLICANT(S) SIGNATURE REQUIRED BELOW

I authorize TD Bank N.A. to check my credit record, verify my credit and employment references. By signing below or by using my Card or Account, I agree to be bound by the terms and conditions of the attached TD Bank N.A. Cardholder Agreement. I hereby grant TD Bank N.A. a security interest in the goods purchased on the account as permitted by law. I certify that I am age 18 or older and that the information provided on this application is accurate.

Applicant's Signature	/ /	Date	Joint Applicant's Signature	/ /	Date
<p>Initial below to protect your account under the SCA Payment Protector Plus Plan in the case of involuntary unemployment, unpaid leave of absence, disability, hospitalization, or accidental death. We will mail you additional information before you are required to pay for the Plan including an Addendum to the Cardholder Agreement containing the terms of the Plan. There are eligibility requirements, conditions and exclusions that could prevent you from receiving benefits under the Plan. Carefully read the Plan Summary enclosed and additional information. You may cancel the Plan within 30 days of when we mail you the Cardholder Agreement Addendum and receive a full refund.</p> <p>I understand that the program is optional and will not affect my application or eligibility for credit. I acknowledge receipt of the enclosed Payment Protector Plus Plan Summary including a description of Plan fees, and I agree to pay the Plan fees that apply to my Account. If I am approved for a credit card, yes, please enroll me in the SCA Payment Protector Plus Plan.</p>					Initial here to enroll.

COMPLETE FOR A JOINT ACCOUNT OR AUTHORIZED BUYER OR IF YOU ARE A MARRIED WISCONSIN RESIDENT

<input type="checkbox"/> Joint Applicant (Complete spaces below)	<input type="checkbox"/> Authorized Buyer (Name/Address only)																														
First Name										Last Name										Sr., Jr., Other											
Resident Address (Street Address Only)																				Apt. #											
City										State		Zip																			
Social Security #					-		-		Birth Date - MM-DD-YYYY					-		-															
Home Phone					-		-		PO Box					<input type="checkbox"/> PO Box for billing purposes, check here.																	
Employer																				Business Phone					-					-	

STORE USE ONLY Identification requires 2 forms of ID. (DL = Drivers License #)

I.D. # 1 Gov. Issued Photo ID Type: <input type="checkbox"/> DL <input type="checkbox"/> Other	ID #	State	Exp. Date	<input type="checkbox"/> Signature Match	<input type="checkbox"/> Photo Match
I.D. # 2 Credit Card Type: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	Account Number	Exp. Date	<input type="checkbox"/> Signature Match	<input type="checkbox"/> Photo Match (if Applicable)	
Store #	Application Approval Code	Associate #			
Credit Limit					

JOINT APPLICANT IDENTIFICATION Identification requires 2 forms of ID. (DL = Drivers License #)

I.D. # 1 Gov. Issued Photo ID Type: <input type="checkbox"/> DL <input type="checkbox"/> Other	ID #	State	Exp. Date	<input type="checkbox"/> Signature Match	<input type="checkbox"/> Photo Match
I.D. # 2 Credit Card Type: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> Other	Account Number	Exp. Date	<input type="checkbox"/> Signature Match	<input type="checkbox"/> Photo Match (if Applicable)	

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Merchant - After customer completes application, and you have processed the customer information, please fax this form to (800) 358-8050. DO NOT FAX IN ANY COVER SHEETS, ID'S OR RECEIPTS - APPLICATIONS ONLY