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(0711)

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 | Yrs.-Mnths at Address

Social Security # | Birth Date - MM-DD-YYYY

If you wish to use a P.O. Box for billing purposes, check here ☐	PO Box	City	State	Zip
Previous Address (If less than 5 years)		City	State	Zip

Home Phone # ( )	Email Address (optional) By providing an E-mail address, I consent to receive E-mail communications and promotional offers related to my Account	Mother's Maiden Name

Employer	Years/Months Employed	Occupation	Business Phone # ( )

Housing Information ☐ Own ☐ Rent	Monthly Mortgage/Rent Payment $	Monthly Gross Income $	Other Monthly Gross Income $	Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation	Source

☐ **Joint Applicant** *Initial here to apply for a JOINT ACCOUNT:* *Applicant* _____ *Joint Applicant* _____ ☐ **Authorized Buyer** (Name/Address only)

Last Name | First Name | Sr., Jr., Other

Resident Address Only | Apt. # | Email Address (optional)

City | State | Zip | Social Security Number ___ ___ | Birth Date MM / DD / YYYY

If you wish to use a P.O. Box for billing purposes, check here ☐	PO Box	City	State	Zip

Home Phone # ( )	Employer	Years/Months Employed	Occupation	Business Phone # ( )

Housing Information ☐ Own ☐ Rent	Monthly Mortgage/Rent Payment $	Monthly Gross Income $	Other Monthly Gross Income $	Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.	Source

Married WI Residents ONLY: (1) Please combine your financial information with your spouse's financial information in the application form above and (2) If you are applying for an individual account or a joint account with someone other than your spouse, please provide your spouse's name and address below or by calling 1-800-252-2551.

Spouse Last Name	First Name	Street Address	City	State	Zip

Applicant(s) Signature Required Below

I authorize TD Bank, N.A., its successors, assigns, employees and designated agents (together, the "Bank") to gather credit, employment and other information about me, including credit bureau reports, that the Bank may deem necessary or appropriate in evaluating my credit for application for credit. If my application is approved and credit is extended to me, I further authorize the Bank to re-verify any or all of such information from time to time, including obtaining additional credit bureau reports, for any legitimate purpose in connection with such extension of credit, such as for the purpose of reviewing the account, increasing the credit line on the account, or for taking collection on the account and to furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. If I ask, I will be informed whether or not a consumer report was requested, and if a report was requested, I will be informed upon request of the name and address of the consumer reporting agency that furnished the report. I certify that all information is accurate and no information has been concealed or misrepresented. I have read and agree to all terms and conditions of the Cardholder Agreement, including the important rate, fee and cost information and the Bank's right to change terms and add new terms to the credit card account at any time. I hereby grant the Bank a security interest in the goods purchased on the Account as permitted by law and agree that this application remains the property of the bank.

_____ / / _____ / /

Applicant's Signature **Date** **Joint Applicant's Signature** **Date**

Initial the YES box 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.

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.

☐ **YES, I wish to enroll.** ☐ **NO, I do not wish to enroll at this time.**

STORE USE ONLY

Identification requires 2 forms of ID. Associate # _____

I.D. # 1 Government Issued Photo ID Type: ☐ Drivers Lic. ☐ Other _____ ID # _____ State _____ Exp. Date _____
☐ SIGNATURE MATCH ☐ PHOTO MATCH

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER ☐ Other _____ Exp. Date _____ Approval Code _____
☐ SIGNATURE MATCH ☐ PHOTO MATCH (If Applicable)

Store # _____ Credit Limit _____ Account Number _____

JOINT APPLICANT

Identification requires 2 forms of ID.

I.D. # 1 Government Issued Photo ID Type: ☐ Drivers Lic. ☐ Other _____ ID # _____ State _____ Exp. Date _____
☐ SIGNATURE MATCH ☐ PHOTO MATCH

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ AMEX ☐ DISCOVER ☐ Other _____ Exp. Date _____
☐ SIGNATURE MATCH ☐ PHOTO MATCH (If Applicable)

15749729

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**

APP•432/433•RMI(1011)