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(0310)

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 Household Gross Income $	Other Monthly Household 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** *Complete for a JOINT ACCOUNT or AUTHORIZED BUYER or if you are a MARRIED WISCONSIN RESIDENT.* ☐ **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 Household Gross Income $	Other Monthly Household 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

Applicant(s) Signature Required Below

By signing this application, I authorize TD Bank (the Bank) to make or have made any credit, employment, or investigation inquiry that the Bank determines appropriate for the extension of credit, periodic evaluation of my account, or the collection of amounts owed to the Bank. The Bank may furnish information concerning my account to consumer reporting agencies and others who may properly receive that information. I agree that this application will remain the property of the Bank. I hereby grant TD Bank N.A. a security interest in the goods purchased on the account as permitted by law. I certify I am at least 18 years of age and that no essential information has been concealed and that no misrepresentations have been made on this application. If approved, I agree to the terms and conditions applicable to the account for which I am approved.

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)

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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**

APP•215•RMI(1210)

DETACH HERE