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| Client #2003 | FOR OFFICE USE ONLY | |
| Customer Acct. # _____ | Purchase Amount _____ | |
| Retailer ID# <u>7166833000</u> | Authorization # _____ | Amount of _____ |
| Retailer Name _____ | Store # _____ | Credit Limit Requested _____ |
| Retailer Phone # _____ | Salesperson _____ | Driver's License # _____ |

Marquis MasterCard® Credit Card Account Application



Check Account Choice Individual Joint

APPLICANT INFORMATION (please print)

Name _____ Date of Birth ____/____/____
First M.I. Last

Physical Address _____ Own Rent
Street Apt. No. and P.O. Box (if any)

_____ Home Phone No. (____) _____
City State Zip Code

E-mail Address (optional) _____

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.

CO-APPLICANT INFORMATION

Name _____ Date of Birth ____/____/____
First M.I. Last

Physical Address same as Applicant's

Physical Address _____
Street Apt. No. and P.O. Box (if any) City State Zip Code

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.

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 and our Arbitration Agreement. You give us and we will retain a purchase-money security interest in goods purchased under this Agreement.

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.

Applicant's Signature Date

Co-Applicant's Signature Date

2800 05/06 (2003) (NV)

Please complete & sign document
Fax: 716-683-3005 Tel: 800-683-0021
Mail: Healthy Homes Now
c/o Indoor Air Professionals, Inc
800 Commerce Pkwy.
Lancaster, NY 14086

Tear at Perforation, Fold, Seal and Mail