CREDIT CARD APPLICATION

STORE USE ONLY Identification requires 2 forms of ID. Associate# _____ SCA Representative _____

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

I.D. #2 Credit Card Type: ❑ MC ❑ VISA ❑ AMEX ❑ DISCOVER ❑ OTHER _____ Exp. Date_____ Approval Code _____/_____
❑ SIGNATURE MATCH ❑ PHOTOMATCH

Store # 4 4 0 4 6 5 2 9 Credit Limit _____ Account Number

Applicant

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

Last Name	First Name				Sr., Jr., Other
Resident Address Only				Apt.#	Yrs-Months in address
City	State	Zip	Social Security Number — —	Birth Date / /	
If you wish to use a P.O. Box for billing purposes, check here ☐	PO Box		City	State	Zip
Previous Address (If less than 2 years)			City	State	Zip
Home Phone # ( )	Mother's Maiden Name		E-mail Address		
Employer			Occupation	Years Employed	Business Phone # ( )
Housing Information [ ] Own [ ] Rent	Gross Primary Monthly Income	Gross Other Monthly Income	Monthly Rent or Mortgage	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 spaces below)

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. #		
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 ☐	P.O Box	City		State	Zip	
Home Phone # ( )	Employer	Occupation	Years Employed	Business Phone # ( )		
Housing Information [ ] Own [ ] Rent	Gross Primary Monthly Income	Gross Other Monthly Income	Monthly Rent or Mortgage	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 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 accident 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 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.

Important Information about Procedures for Opening a New Account. To help the government fight the funding of terrorism and money laundering activities, federal law requires all 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 also ask to see your drivers license or other identifying documents.

Interest Rates and Fees

Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	**28.99%** This APR will vary with the market based on the Prime Rate.
Penalty APR and When It Applies	**29.99 %** This APR will vary with the market based on the Prime Rate. This APR may be applied to your Account if a minimum payment is more than 60 days past due. **How Long Will the Penalty APR Apply?** If you APR is increased for this reason, the Penalty APR will apply until you make six consecutive monthly minimum payments when due.
Paying Interest	Your due date is at least 25 days after the close of each billing cycle. We will not charge you interest in purchases if you pay your entire balance by the due date each month. We will begin charging interest on Convenience Checks on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no les than $2.00.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard

Fees			
Transaction Fees		Penalty Fees	
Convenience Check Fee	Either $10 or 3%, whichever is greater, of the amount of each check used.	Late Fee	Up to $35
Promotional Fee	Up to $175	Returned Payment Fee	Up to $35

RETAIL REVOLVING CREDIT AGREEMENT

"I", "me" and "my" mean the borrower(s). If approved, my credit card would be issued by Shoppers Charge Accounts Co., a division of TD Banknorth, N.A. ("you", "your" or the "Bank"). If a credit card is issued, I will be provided with my initial credit card limit at the time I receive my credit card. I understand that the Bank may charge my credit limit from time to time, either at my request (if the Bank approves my request) or the Banks initiative. The Bank has the right to cancel or limit the credit card to be extended to me at any time without prior notice. I may use credit card to obtain advances under this Agreement, in an amount up to my available credit (the difference between my credit and my outstanding balance), as long as the Bank has not terminated my right to obtain additional advances. I agree to pay for all purchases made by me and/or others as authorized by me.

I authorize the bank to obtain credit reports in connection with this Application and from time to time in with the review of my account, or any update, extension or renewals of my account, and for the purposes of collection of my account. I authorize the Bank to verify with others any information contained in this Application and to provide information about its transactions with me to third parties (including consumer reporting agencies) for lawful purposes.