CREDIT CARD ACCOUNT APPLICATION

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

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 | ☐ 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 Shoppers Charge Accounts Co. 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 Shoppers Charge Accounts Co. **Retail Revolving Credit Agreement.** 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 / /

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

☐ **Joint Applicant** (Complete spaces below) ☐ **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 | ☐ 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: ☐ DL ☐ Other | ID # | State | Exp. Date | ☐ Signature Match ☐ Photo Match

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ DISCOVER ☐ Other | Exp. Date | ☐ Signature Match ☐ Photo Match (If Applicable)

Store # | Account Number

Credit Limit | Application Approval Code | Associate #

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

I.D. # 1 Gov. Issued Photo ID Type: ☐ DL ☐ Other | ID # | State | Exp. Date | ☐ Signature Match ☐ Photo Match

I.D. # 2 Credit Card Type: ☐ MC ☐ VISA ☐ 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**