

Application to Enter An Accounts Receivable Financing Relationship



Commerce Funding Corporation, A Wells Fargo Company

<i>Business Name</i>		
<i>Address</i>		<i>Telephone</i>
<i>City, State, Zip</i>		<i>Fax</i>
<i>County</i>	<i>Partnership</i>	<i>Other</i>
<i>Corporation</i>	<i>State of incorporation</i>	<i>federal Tan ID #</i>
<i>0/B/A Name, if applicable</i>		<i>CCRTWNI</i>
<i>If CCR TPINt Applicable - Please furnish myInvoice User ID# and myInvoice Password</i>		<i>Year Company Founded/It of Employees</i>

COMPANY OFFICERS/OWNERSHIP

President and/or Majority Owner (10% or > Shareholder)

<i>Name</i>		
<i>Address</i>		
<i>City, State, Zip</i>		<i>Telephone</i>
<i>Social Security tt</i>		<i>% of Ownership</i>

Vice President and/or Majority Owner (10% or > Shareholder)

<i>Name</i>		
<i>Address</i>		
<i>City, State, Zip</i>		<i>Telephone</i>
<i>Social Security it</i>		<i>% of Ownership</i>

Secretary and/or Majority Owner (10% or > Shareholder)

<i>Name</i>		
<i>Address</i>		
<i>City, State, Zip</i>		<i>Telephone</i>
<i>Social Security #</i>		<i>% of Ownership</i>

Treasurer and/or Majority Owner (10% or > Shareholder)

<i>Name</i>		
<i>Address</i>		
<i>City, State, Zip</i>		<i>Telephone</i>
<i>Social Security #</i>		<i>% of Ownership</i>

2YFON001 (3/99) BANKING RELATIONSHIP

Barff Name

Address

City, Stria, Zip

Account Number

Does the bank have a security interest in the accounts receivable or inventory of the company? Does any other party have a security interest in the accounts receivable or inventory of the company?

D Yes NoD Yes No**SECURED PARTY**

Name

Address

City, State, Zip

Purpose of indebtedness and description of assets held as security

SALES INFORMATION

Normal Selling Terms		If applicable - Deling Terms	
Average Invoicing	Average Monthly Sales (Last 12 months)	Average Monthly Sales (Projected)	
Average number of invoices generated monthly		Frequency of Billing (Daily, Weekly, Monthly)	
% Sales to be Financed		Return Policy (if applicable)	

Government Contract Information (Note: If multiple contracts exist, please attach a schedule to this application with the below information included for each contract.)

Obligor/Agency		Contract number	
Total Contract Value	Total Amount Funded To Date	Period of Performance	
Name of Contracting Officer/Phone Number/Email Contact		Number of Contract Modifications/Amendments to Date	
If applicable - Name and address of sub-contractor utilized-Please attach schedule if needed to list all sub-contractor information		If contracts are bonded; please supply name and address as well as contract at/of bonding company	

Briefly describe the nature of your product or service:

The following documents are required to allow Commerce Funding Corporation, a Wells Fargo Company, to determine its ability to provide financing to the applicant:

1. Completed Application
2. The last two fiscal years as well as the current year to date interim period company financial statements, including balance sheet and income statement.
3. Personal financial statement of company owners completed on a Wells Fargo amendments associated with system contracts Sank Personal Financial Statement form.
4. Certificate of good standing.
5. Articles of Incorporation or Articles of Organization and Operating Agreement.
6. Company By-Laws.
7. D/B/A filing (if applicable).
8. Customer listing including name, address, and phone number.
9. Current about the receivable aging (detailed).
10. Applicable sample invoice copies.
11. Photocopy of the customer's driver's license if financing is for an individual versus a business.
12. Copies of applicable government contracts as well as all modifications and/or

If your application for credit is denied, you have the right to a statement of specific reasons for denial. To obtain the statement, please contact Wells Fargo Bank, National Association, acting through its subsidiary, Commerce Funding Corporation, at MAC C7300-060, 1740 Broadway, Denver, CO 80274 within 60 days from the date you are notified of our decision. We will provide you with the statement of reasons within 30 days of receiving your request. If we provide you with the statement orally, you have the right to have the reasons confirmed in writing. We will send you a written confirmation of reasons for the denial within 30 days of receiving your written request for confirmation.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is: OCC-Customer Assistance Unit, 1301 McKinney Avenue, Suite 3710, Houston, TX 77010.

The above information and documentation will be held in strict confidence and will be retained by Wells Fargo Bank, National Association, acting through its subsidiary, Commerce Funding Corporation, if an accounts receivable financing relationship is established.

The information contained in this application is true and correct and I hereby authorize any credit investigation necessary by Wells Fargo Bank, National Association, acting through its operating divisions/subsidiaries, Wells Fargo Business Credit and/or Commerce Funding Corporation.

I authorize Wells Fargo Bank, National Association, acting through its subsidiary, Commerce Funding Corporation, to file a financing statement reflecting the security interest in the Accounts Purchase Agreement while the application is being processed. In the event the application is denied, the financing statement will be terminated.

Identity Verification and Investigation Consent Form

Key Individuals

As part of its Know Your Customer Policy requirements, Wells Fargo requires its businesses to perform due diligence with regard to key individuals associated with new or existing borrowers. Key individuals may be a person or non-person (e.g. a corporation or partnership) and are generally defined as: guarantors, shareholders or partners owning 25% or more of the borrower; authorized signers per a borrowing resolution, partnership authorization, or certificate of incumbency; key officers such as the Chairman, CEO and CFO; and other individuals reasonably identified as such by Wells Fargo.

Due diligence always includes verification of the key individual's identity and a public records background investigation.

Due diligence may also include a consumer credit records investigation if so authorized in writing by the individual.

The information and consents requested herein are required as part of the due diligence process.

Required Personal Information

Full Name: _____ Tax Id# or Social Security#: _____

Date of Birth: _____

Current Address: _____ Previous Address (if at current less than 2 years.)" _____

Street

Street

Unit #

Unit #

City

City

State

Zip

State

Zip

I hereby certify that the information set forth above is true and correct and I understand it will be used to verify my identity and initiate a background records investigation.

Date: _____

(Signature)

Consent to Obtaining Consumer Credit Reports and Other Information

In connection with your review of any request for business credit now or hereafter made by _____ and/or any of its affiliates, I hereby authorize you to check my credit history and to obtain credit consumer reports from credit reporting agencies. As part of this authorization, you may contact my creditors, and I hereby authorize any creditor so contacted to release to you such credit information as you may request. [I also authorize you, at your discretion, to conduct an investigative consumer report that may include, among other things, interviews with persons acquainted with me.] You may also obtain information from or share information with subsidiaries and affiliates of Wells Fargo & Company.

This Consent shall remain in effect until revoked in writing delivered to you at the above address.

Date: _____

(Signature)

CUSTOMER IDENTIFICATION INFORMATION - BUSINESS ACCOUNT

Attachment A

Customer Disclosure:

"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 (individuals or business) who opens an account."

"What this means for you: When you open an account or add any additional service, we will ask you for your name, address, federal employer identification number and other information that will allow us to identify you. We may also ask to see other identifying documents."

Customer Identification

Customer Name: _____

Taxpayer ID Number: _____

Articles of Incorporation: (Check box at left and attach copy) _____

Partnership Agreement: (Check box at left and attach copy) _____

A) Other type of ID; Describe: (Check box at left and attach copy)

State of Registration/Incorporation (US Company): _____

Country of Registration (Foreign Company): _____

(A) For a foreign business with no Tax ID Number, an alternative government-issued form of documentation certifying the existence of the business or enterprise. Also complete the section below entitled "Senior Foreign Political Figure".

Business Address	Mailing Address
Address:	Address:
Address:	Address:
City:	City:
State:	State:
ZIP or Postal Code:	ZIP or Postal Code:
Country:	Country:
Financial Information	Industry Information (NAIC)
Annual Gross Revenue:	Industry Code:
Asset Size:	Sub-industry Code:
Date Collected:	

Senior Foreign Political Figure

Customer is a Senior Foreign Political Figure. *Identify which of the following applies:*

Member of Political Party

Member of Military

Associate of Government-owned Commercial Enterprise

Customer is a family member or close personal/professional associate of a Senior Foreign Political Figure.

Describe the nature of the relationship to the Senior Foreign Political Figure:

Name of Senior Foreign Political Figure: _____

Country where designation applies: _____

Customer is not a Senior Foreign Political Figure, nor a family member or close personal/professional associate of one.

(Customer Name)

(Authorized Signer and Title)

(Date)

Customer Instructions for the (Excel format) Personal Financial Statement

1. Open the file and "Save As" a document on your computer.

2. Select the tab labeled "Page 1" at the bottom of the screen. Complete all applicable fields.

Use the "tab" key to move to the next available field. The "shift + tab" key combination will move backwards to the previous cell.

Tab key will move you from left to right, top to bottom in that order

3. As you complete each Page, move to the next Page using the tabs at the bottom of the screen

and complete all applicable fields. Read the "Privacy Notice".

4. We *strongly suggest* you complete Schedules 1 thru 8 on Page 2 and Page 3 first before completing the balance sheet at the top of Page 2. Totals from Schedules 1-8 will automatically pre-fill specific fields on the balance sheet.

"Print" and "Save" the completed form. **All applicants must sign on Page 4.** To PRINT the entire workbook click the "Print

Completed Personal Financial Statement" button on Page 4

5. Deliver the signed Personal Financial Statement to your Wells Fargo Banker by mail or in person.

6. **Emailed or Faxed forms are not acceptable.** Email and Fax transmissions are not secure methods of transmitting personal information and should not be used to deliver completed Personal Financial Statements for any reason.

7. For questions on completing the Personal Financial Statement, please contact:

Banker Name:

Location:

Phone Number:

Banker Instructions

Prior to emailing the Personal Financial Statement to your customer:

1. Select the appropriate Bank Charter name on "Page 1" from the drop down menu.

2. Fill in your name, location and phone number in the space provided above.

3. Do not complete any personal financial information for the customer, as email is not a secure method of transmitting personal information.

4. Do not fax any previously submitted forms containing customer information. Blank forms only may be emailed.

5. If the customer is an individual or sole proprietor, complete the Primary Identification section at the bottom of Page 4

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Instructions

Personal Financial Statement

To:

Wells Fargo Bank, National Association

If I have any questions regarding the completion of this form, I should contact my Wells Fargo representative,

I may apply for a credit extension, loan or other financial accommodation alone or together with someone else, ("co-applicant"). If I apply with a co-applicant and our combined assets and debts can meaningfully and fairly be presented together, the co-applicant and I may complete this required statement and any supporting schedules jointly. Otherwise, separate forms and schedules are required.

Applicant

Name	Social Security Number
Address	Time at Residence
Telephone Number	Date of Birth
Present Employer	Position
Address	Time at Employer
Business Phone	Loan Purpose

* Type of Primary Identification	* Identification Number	* Issue Date	* Issued By	* Exp. Date
1/0/00	1/0/00			

Co-Applicant

Name	Social Security Number
Address	Time at Residence
Telephone Number	Date of Birth
Present Employer	Position
Address	Time at Employer
Business Phone	Loan Purpose

* Type of Primary Identification	* Identification Number	* Issue Date	* Issued By	* Exp. Date
1/0/00	1/0/00			

* New Account Identification Requirements: To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law required financial institutions to obtain, verify and record information that identified each person (individuals and businesses) who open an account. What this means for you: When you open an account, we will ask you for your name, address, date of birth, and other information that

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Page 1

Dates should be entered as mm/dd/yy Date of valuation (mm/dd/yy):
 Attach separate sheet if you need more space to complete detail schedule

Round all amounts to the nearest \$100

Assets (assets you own)		Amount	Liabilities (debts you owe)	Amount
Cash in Wells Fargo Bank:	Checking		Loans payable to banks, others and installment contracts payable (schedule 8)	0
	Savings			
	Money Market			
	C.D.s		Loans as cosigner for someone else	
	Cash with:		Credit cards (MasterCard, Visa & others)	
	Cash with:			
	Due from friends, relatives and others (schedule 1)	0	Income taxes payable	
	Mortgage and contracts for deed owned (schedule 2)	0	Other taxes payable	
	Securities owned (schedule 3)	0		
	Retirement Accounts (schedule 4)	0	Loans on life insurance (schedule 5)	0
	Cash surrender value of life insurance (schedule 5)	0		
	Homestead (schedule 6, line 1)	0	Mortgage on homestead (schedule 7, line 1)	0
	Other real estate owned (schedule 6, lines 2-5)	0	Mortgage or liens on other real estate owned (schedule 7, lines 2-5)	0
	Automobiles (year, make, model)			
			Contracts for deed you owe	
	Personal property			
			Other liabilities	
	Other assets			
TOTAL ASSETS		0	TOTAL LIABILITIES	0
			Net worth (total assets less total liabilities)	0
TOTAL		0	TOTAL	0

Do you own 25% or more of another business entity? Yes No

Annual Income	Applicant	Co-applicant	Contingent Liabilities (debts you are obligated to pay if the borrower does not pay or debts contingent upon the outcome of an event)	Amount
Salary			W F loans, guarantor for:	
Commissions			Other loans as guarantor	
Dividends			Lawsuits	
Interest			For taxes	
Rentals			Other (detail)	
Alimony, child support or maintenance (you need not show this unless you wish us to consider it)				
Other				
Other				

		D Check here if "none"	
TOTAL INCOME	0	0	TOTAL CONTINGENT LIABILITIES
0			

SCHEDULE 1 DUE FROM FRIENDS, RELATIVES, AND OTHERS

Name of debtor who owes you	Owed to	Collateral	How payable		Maturity date (mm/dd/yy)	Unpaid balance
			\$	per		
			\$	per		
			\$	per		
TOTAL						0

SCHEDULE 2 MORTGAGE AND CONTRACTS FOR DEED OWNED

Name of debtor who owes you	Type of property	1st or 2nd lien	Owed to	How payable		Unpaid balance
				\$ -	per	
				\$ -	per	
				\$ -	per	
TOTAL						0

SCHEDULE 3 SECURITIES OWNED

No. Shares or Bond Amount	Description	In whose name(s) registered	Cost	Present Market Value	L-listed Unlisted
TOTAL				0	

SCHEDULE 4 RETIREMENT ACCOUNTS

No. Shares or Bond Amount	Description	In whose name(s) registered	Cost	Present Market Value	L-listed Unlisted
TOTAL				0	

SCHEDULE 5 LIFE INSURANCE

Insured	Insurance company	Beneficiary	Face value of policy	Cash value	Loans
TOTAL				0	0

SCHEDULE 6 REAL ESTATE (If you own more than 5 properties, please use the optional Real Estate Schedule tab and insert totals only into this schedule)

Property #	Address and Type of Property	Title in name(s) of	Monthly income	Cost	Year acquired	Present Market Value	Amount of Insurance
1	Homestead						
TOTAL						0	

SCHEDULE 7 MORTGAGES OR LIENS ON REAL ESTATE

Property # (should correspond with Schedule 6 Property #)	To whom payable	How payable	Interest Rate	Maturity Date	Unpaid Balance
1 (Homestead)		\$ - per	0.00%		
		\$ - per	0.00%		
		\$ - per	0.00%		
		\$ - per	0.00%		
		\$ - per	0.00%		
TOTAL					0

SCHEDULE 8 LOANS PAYABLE TO BANKS & OTHERS AND INSTALLMENT CONTRACTS PAYABLE

To whom payable	Address	Secured By	How payable	Maturity Date	Unpaid Balance
			\$ - per		
			\$ - per		
			\$ - per		
			\$ - per		
			\$ - per		
					0

Have I ever gone through bankruptcy or had a judgment against me?
 Are any assets pledged or debts secured except as shown?
 Have I made a will?
 Number of dependents (If none, check "None")

APPLICANT

Yes No
 Yes No None

CO-APPLICANT

Yes No
 Yes No None

Marital status [answer only if this financial statement is provided in connection with a request for secured credit, applicant is seeking a joint account with spouse, or applicant or co-applicant is a resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin) or is relying on property located in such a state as a basis for repaying the credit requested.]

- Married
- Separated
- Unmarried
- Married
- Separated
- Unmarried

(Unmarried includes single, divorced, widowed)

The foregoing statement, submitted for the purpose of obtaining credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.

I, the undersigned, do hereby certify that the information provided to you by Wells Fargo Bank, National Association, acting through its Wells Fargo Business Credit operating division ("WFBC"), from time to time to share information about me and my relationship with you with Wells Fargo & Company, its affiliates and subsidiaries. This may include information related to any credit applications I may have completed and any credit reports on me that you may have obtained. If I decide that I do not wish such sharing to occur, I must notify you in writing at Wells Fargo Operations Center, P.O. Box 5128, (MS 6058), Sioux Falls, SD 57117. (Please indicate your social security number and city)

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THE UNDERSIGNED CERTIFY THAT THEY HAVE BEEN PROVIDED THE WELLS FARGO PRIVACY POLICIES AND THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date
 My Signature
 Date

Co-applicant signature (if you are requesting the financial accommodation jointly)

NOTICE TO ARIZONA AND NEW MEXICO APPLICANTS ONLY:
 I am applying for individual credit as a sole and separate debt.

NOTICE TO OHIO APPLICANTS ONLY: The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil

rights commission administers compliance with this law.

NOTICE TO WISCONSIN MARRIED APPLICANTS ONLY: No provision of any marital property agreement, unilateral statement under §766.59, Wis. Stats., or court decree under §766.70, Wis. Stats., adversely affects the interest of the creditor unless the creditor, prior to the time the credit is granted or an open-end credit plan is entered into, is furnished a copy of the agreement, statement or court decree or has actual knowledge of the adverse provision.

BANK USE ONLY (Not required for Business borrowers such as: Corporations, LLCs/LLPs, S Corps, Partnerships) Banker Notations for CID input into Athena:

SCHEDULE OF REAL ESTATE OWNED

Name:

Date:

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Status: Sold = S, Pending = PS, Rental = R, Primary Residence = PR, Vacant Land = VL, Under Construct*

Property Address	Recourse to Owner Y/N	Status *	# Units	% Vacancy	Acquisition Date/	Estimated Market Value	Loan Balance	Lender, Loan No.,	% Own
					Acquisition Amount		& Maturity	Contact & Phone No.	
Property #1									100%
Property #2 "									
Property #3									
Property #4									
Property #5									
Property#6 -									
Property #7									
Property*?									
Property #9									
PrOpertyfIO									
Property #11									
Property#12									
Property #13									

TOTALS: ;;! \$0

\$0

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R E Schedule

Wells Fargo Privacy Policy for Business Principals

Keeping Your Information Safe and Secure

Highlights Of Our Commitment To You

- We do not sell customer information to third parties.
- We do not share customer information with outside parties who may wish to market their products to you. You do not have to take any action or instruct us to keep your information confidential. We will protect your privacy automatically.
- Within the Wells Fargo companies, we safeguard your customer information carefully. You have a choice about how your information may be shared and used within Wells Fargo. We have made it easy to communicate your privacy preference to us. See the response form below for details.

• We are committed to protecting your customer information in every transaction, at every level of our organization.

For this purpose, we have designed procedures, standards and technology, which are described in this brochure.

• We are committed to helping you protect your privacy every day. *In this brochure, you'll find tips to help you protect yourself from identity theft, and limit direct marketing from outside companies.*

Please share this information with all individuals who provided personal financial information in connection with this account.

This disclosure applies to individual owners, partners, shareholders, officers and guarantors (collectively referred to as "principals") of businesses with a relationship with the Wells Fargo banks and companies described below.

How We Protect And Use Customer Information

1. We begin by safeguarding the security and integrity of customer information. We are committed to protecting the security and integrity of customer information through procedures and technology designed for this purpose. For example:

• We limit employee access to customer information to those who have a business reason to know this information. Employees are required to honor our code of conduct, which includes standards to protect customer confidentiality. They are subject to disciplinary action if they fail to do so.

• We maintain policies and procedures covering the proper physical security of workplaces and records.

• Our physical, electronic, and procedural safeguards meet or exceed federal standards regarding the protection of customer information.

• We require independent contractors and outside companies who work with us to adhere to strict privacy standards through their contracts with us.

• We use technological means (such as backup files, virus detection and eradication software, firewalls, and other computer software and hardware) to protect against unauthorized access or alterations to customer data.

2. We collect and maintain customer information as part of servicing your account and your customer relationship.

In the course of serving you, we collect information about you and your business from a variety of sources, such as:

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• Information you provide to us on applications or forms, such as your income and accounts with others;

• Information we receive from an outside company, such as a business or consumer reporting agency, regarding your credit history or employment status; or

• Information about your transactions or experiences with companies affiliated with Wells Fargo & Company.

3. The customer information we collect is used to serve your accounts and meet your financial needs. Information may be used among the Wells Fargo companies, as well as with authorized third parties (described in section 4), for a number of purposes, such as:

• **To protect your accounts** from unauthorized access or identity theft.

• **To process your requests** such as loan applications, purchases, and ATM withdrawals.

• **To service your accounts** by issuing checks, ATM cards, and account statements.

• **To keep you informed** about financial services of interest to you.

4. We do not share information with outside parties who may wish to market their products to you.

We may disclose the information we collect, as described above, with nonaffiliated third parties that are acting on our behalf, including:

• Companies that perform support services for us, such as data processors, technical systems consultants and programmers, check printers, or companies that help us market Wells Fargo products and services to you.

• There are other situations when we may disclose to third parties the customer information we collect as permitted or required by law. In these cases, third parties could include credit bureaus, government entities, courts or other entities (in response to subpoenas and other legal processes), and those with whom you have requested us to share information.

It is important to note that we do not share customer information with other companies for the purpose of marketing their products to you, unless you specifically request in advance that we do so. It is not necessary for you to instruct us not to share information with these outside companies, because we will automatically keep your information confidential.

Some state laws may impose additional restrictions on disclosure of information about customers in those states to nonaffiliated third parties for certain purposes.

5. Within the Wells Fargo companies, we share information so that we can work together to serve you. We may disclose all of the information we collect, as described above, within Wells Fargo Bank, N.A. and other affiliated Wells Fargo companies, including:

• Our administrative and service units which, for example, service your accounts or prepare your account statements.

• Wells Fargo companies which provide financial and other services. These include consumer bankers, mortgage lenders, consumer lenders, securities broker-dealers, insurance agencies, and real estate brokerage companies. By law, information that helps us identify you or is derived from your transactions and experiences with us may be shared among the Wells Fargo companies. As an individual, you can instruct us not to share other personal financial information about you with other Wells Fargo companies. Indicate your preference on the notification form below and return it to us at any time.

Trust accounts, for which Wells Fargo is the trustee, are protected under special rules of confidentiality, and trust account information is not shared for marketing purposes without specific consent. LDF1335

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Tips to Help You Protect Your Information

Assistance to Victims of Identity Theft

If you suspect that someone has had unauthorized access to your account with us, or access to your personal identifying information such as your Social Security Number or credit card information, please notify us immediately so we can take action to protect you. Call us at **1-800-TO-WELLS (1-800-869-3557)**, visit us online at www.wellsfargo.com, or visit us at your nearest Wells Fargo location.

In addition, you should also report the crime to your local law enforcement agency and to the Federal Trade Commission (FTC). To speak with a trained FTC telephone counselor, call toll-free at **1-877-IDTHEFT (1-877-438-4338)**. Or to enter information about your complaint into a secure FTC online database, sign onto www.ftc.gov/idtheft. The site also provides links to numerous consumer education materials.

Ways to Limit Direct Marketing You May Receive From Outside Sources

There are outside agencies and companies, including national consumer credit reporting agencies, which are in the business of compiling mailing lists for purchase by marketers. You may wish to have your name removed from many of these lists by following the procedures outlined below.

Direct Marketing Association Member Companies

To remove your name from direct mail or telemarketing lists of members of the Direct Marketing Association (DMA), send a written request with your name, address, and Social Security Number (if it was included in the mailing you received) to the Direct Marketing Association. The DMA is responsible for notifying its members (i.e., the agencies and companies that compile mailing and telemarketing lists) that you want your name removed from the lists they sell. Your name and address remains in the DMA's consumer exclusion files for five years.

DMA Mail Preference Service

P.O. Box 643

CarmelNY 10512

DMA Telephone Preference Service

P.O. Box 1559

CarmelNY 10512

Or contact the Direct Marketing Association via email at www.dmaconsumers.org.

National Consumer Credit Reporting Agencies (Credit Bureaus)

If you want to reduce the number of credit offers you receive, contact the National Consumer Credit Reporting Agencies at **1-888-567-8688 (1-888-5-OPTOUT)**. Financial institutions and other companies provide information to the Credit Bureaus for credit verification, fraud control purposes, and prevention of identity theft. You may direct these agencies not to sell or share this information about you for marketing purposes. You must register your own name and address with these organizations, because they cannot process any requests from us. Be sure to include any variations of your name, address and other information that have appeared in mailings or telephone calls that you have received.

This disclosure applies to principals of businesses that have, or have had, a customer relationship with one or more of the banks and companies with "Wells Fargo" in their names, as well as: WF National Bank South Central; Norwest Auto Finance, Inc.; Servus Financial Corporation; Ragen MacKenzie Investment Services, LLC; and Tower Pension Specialists, Inc., but NOT including (a) any bank or company with "Wells Fargo Financial" in its name or (b) any insurance company, insurance agency, or insurance brokerage, which has its own privacy disclosures.

The policies and practices described in this disclosure are subject to change, but we will communicate any significant changes to you as required by applicable law. The policies and practices described in this disclosure replace all previous notices or statements regarding this subject.

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Privacy Notice

You Have A Choice At Wells Fargo

Wells Fargo does not sell customer information or share it with outside third parties who may wish to market their products to you. We will protect your privacy automatically. Within the Wells Fargo companies, we may share information about you as described in section 5. You may instruct us not to share this information, and you may notify us of your preference at any time.

If you have already recorded your privacy preferences with us, there is no need to do so again.

Do not share information about me among Wells Fargo companies

How To Communicate A Preference To Us: You may call us at **1-888-528-8460**, or detach this response form, and mail it in a stamped, sealed envelope to the address listed below. Please do not include other correspondence with your response.

Wells Fargo Operations Center

P.O. Box 5277

Sioux Falls, SD 57117-5277

Your preference will apply to all accounts linked to your Social Security Number. For joint accounts, any account holder can opt out on behalf of the other joint account holders.

Please print

Name Address

City

State

Zip

Social Security Number/ Tax Identification Number (required to process)

For Internal distribution only: Please send this by inter-office mail to MAC # N9777-111. LDF1335 Privacy Notice

