

American Financial

Affinity / Co-Brand Application

ExpressONESM Commercial MasterCard[®]

(requesting lines of credit up to \$100,000)

Important Business Information (please print in black ink)

Thank you for your interest in the Wells Fargo ExpressONE Commercial MasterCard program offered by Wells Fargo Bank, N.A. Please complete the requested information below (you may be required to submit financial statements).

Business Information

Business Name		Doing Business As	
Business Address (No P.O. Box)		City	State
			Zip Code
Business Phone Number	Date Business Established (yyyy/mm/dd)	Business Fax Number	Business Taxpayer ID# (TIN)
()		()	
Annual Sales	E-mail Address		
\$			

Embossed Business Name (As it should appear on the credit card. 24 character limit, including spaces).

Nature of Business:

- Agriculture, Forestry & Farming (01)
- Construction (15)
- Manufacturing (20)
- Transportation, Communication & Utilities (40)
- Wholesale, Trade (50)
- Retail Trade (52)
- Finance & Insurance (60)
- Real Estate (66)
- Services (70)
- Other _____

Type of Ownership:

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Company
- Sub S-Corp
- Non-Profit
- Other _____

Business Banking Information

Institution/Bank Name	Business Checking Account #
Business Checking Account Balance (current)	Business Savings Account Balance (current)
\$	\$

Other Types of Relationships with Wells Fargo: Depository Lending Other _____

Requested Card Information

Number of Cards Requested	Total Credit Line Requested
#	\$

Billing

- Consolidated—One bill sent to the company.
- Individual—Bill sent to and paid by each cardholder (this option is only available for requests of 20 cards or more).

Program Maintenance

Program Manager for Maintenance (person with authority to request additional credit line, new cardholders and changes to any of your accounts).

First Name	Last Name	Phone Number	Fax Number
		()	()

Affinity / Co-Brand Application (continued)

ExpressONE Commercial MasterCard

Additional Personal/Business Information

Authorizing Officer #1			Authorizing Officer #2		
First Name	Last Name		First Name	Last Name	
Title of Authorizing Officer #1 (check one)			Title of Authorizing Officer #2 (check one)		
<input type="radio"/> Principal Owner	<input type="radio"/> President/CEO	<input type="radio"/> CFO/Treasurer	<input type="radio"/> Principal Owner	<input type="radio"/> President/CEO	<input type="radio"/> CFO/Treasurer
<input type="radio"/> General Partner	<input type="radio"/> Vice President	<input type="radio"/> Other _____	<input type="radio"/> General Partner	<input type="radio"/> Vice President	<input type="radio"/> Other _____
Percentage of Ownership (if applicable)	Social Security Number		Percentage of Ownership (if applicable)	Social Security Number	
%	#		%	#	
Home Address			Home Address		
City			City		
State		Zip Code	State		Zip Code
Home Phone Number			Home Phone Number		
()			()		
Total Annual Household Income*	Personal Checking Balance		Total Annual Household Income*	Personal Checking Balance	
\$	\$		\$	\$	
Personal Savings Balance Total (include CDs, IRAs, etc.)			Personal Savings Balance Total (include CDs, IRAs, etc.)		
\$			\$		
Name of Bank(s)			Name of Bank(s)		

* Alimony, child support and separate maintenance need not be disclosed if you do not want it to be considered.

Disclosures

Please read carefully: Yes, I understand our ExpressONE Commercial MasterCard program will be subject to Corporate Liability rules with a personal guarantee. I accept on behalf of the Business named above ("Applicant") your offer to apply for a Wells Fargo ExpressONE MasterCard. I accept the terms and conditions of the Customer Agreement that will be provided to me upon approval of this Application.

By signing below, I certify that I am an Authorized Officer, authorized to submit this application on behalf of the Applicant and that all information and documents provided in connection with this application, including federal and state income tax returns (if any), are true, correct, and complete. I authorize Wells Fargo Bank, N.A. ("Bank") to obtain balance and payoff information on all accounts requiring payoff as a condition of approving this application and to obtain consumer and business reports from and to report credit information to others, including the Internal Revenue Service and state taxing authorities, about me and the Applicant. I agree to notify Bank promptly of any material change in such information. I acknowledge that (i) this application is subject to final approval of the Applicant and its owners, and that (ii) additional information may be required in order for the Bank to make a final credit decision. I agree to pay Bank's costs and attorney's fees in enforcing the Customer Agreement.

If this application is for \$100,000 or less, I in my individual capacity, (even though I may place a title or other designation next to my signature), jointly and severally unconditionally guarantee and promise to pay to Bank all indebtedness of the Applicant at any time arising under or relating to this application and the Customer Agreement, as well as any extensions, increases, or renewals of that indebtedness. As guarantor, I waive (i) presentment, demand, protest, notice of protest, and notice of non-payment; (ii) any defense arising by reason of any defense of Applicant of other guarantor; and (iii) the right to require Bank to proceed against Applicant or any other guarantor, to pursue any remedy in connection with the guaranteed indebtedness, or to notify guarantor of any additional indebtedness incurred by the Applicant, or of any changes in the Applicant's financial condition. I also authorize Bank, without notice or prior consent, to (i) extend, modify, compromise, accelerate, renew, increase or otherwise change terms of the guaranteed indebtedness; (ii) proceed against one or more guarantors without proceeding against the Applicant of another guarantor; and (iii) release or substitute any Applicant, Co-Applicant and/or any guarantor, I agree (i) I will pay Bank's costs and attorney's fees in entering this guaranty; (ii) this guaranty is made in California and will be governed by California law; and (iii) this guaranty shall benefit the Bank its successors and assigns.

I agree that a facsimile of my signature or use of any feature of ExpressONE Commercial MasterCard may be used as evidence of the foregoing authorizations, acceptances and agreements. I understand that if Applicant is a legal entity all owners must sign this application and include their titles. Except in Arizona, if the business owner is married, a spouse's signature is not required unless he or she is co-owner of the business.

I further agree that since ExpressONE is a dual program jointly marketed by Wells Fargo Bank and the business named above, Business and cardholder demographic and spending information may be shared for the purpose of future servicing offers.

Annual Interest Rate: Prime + 0% to Prime + 9.8% depending on your personal and Business credit evaluation.

NO ANNUAL FEE!

Signatures (required)

Authorizing Officer #1

Signature Date

Authorizing Officer #2

Signature Date

Please send completed application to: Wells Fargo Bank, Business Direct, MAC #S1000-020, P.O. Box 29499, Phoenix, AZ 85038-9499 OR Fax: 1-888-831-5567.

Affinity / Co-Brand Application (continued)

ExpressONE Commercial MasterCard

Please copy this page and use it to enroll up to 18 cardholders.

If you answer YES to both or either of the following questions, you do not need to complete the remainder of this page; we will contact you for cardholder enrollment.

- YES, I am interested in the Vehicle Management function of this product.
- YES, I am requesting cards for more than 18 cardholders.

Cardholder Enrollment Information (Provide information for all individuals who should receive cards.)

First Name 	Last Name 	First Name 	Last Name
Social Security Number #	Date of Birth (yyyy/mm/dd) 	Social Security Number #	Date of Birth (yyyy/mm/dd)
Business Phone Number ()	Home Phone Number ()	Business Phone Number ()	Home Phone Number ()
Billing Address 		Billing Address 	
City 	State 	Zip Code 	City
Max monthly spending limit (minimum \$500, maximum \$25,000) \$		Max monthly spending limit (minimum \$500, maximum \$25,000) \$	
* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M		* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M	
Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no		Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no	

First Name 	Last Name 	First Name 	Last Name
Social Security Number #	Date of Birth (yyyy/mm/dd) 	Social Security Number #	Date of Birth (yyyy/mm/dd)
Business Phone Number ()	Home Phone Number ()	Business Phone Number ()	Home Phone Number ()
Billing Address 		Billing Address 	
City 	State 	Zip Code 	City
Max monthly spending limit (minimum \$500, maximum \$25,000) \$		Max monthly spending limit (minimum \$500, maximum \$25,000) \$	
* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M		* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M	
Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no		Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no	

First Name 	Last Name 	First Name 	Last Name
Social Security Number #	Date of Birth (yyyy/mm/dd) 	Social Security Number #	Date of Birth (yyyy/mm/dd)
Business Phone Number ()	Home Phone Number ()	Business Phone Number ()	Home Phone Number ()
Billing Address 		Billing Address 	
City 	State 	Zip Code 	City
Max monthly spending limit (minimum \$500, maximum \$25,000) \$		Max monthly spending limit (minimum \$500, maximum \$25,000) \$	
* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M		* Card Type: <input type="radio"/> All <input type="radio"/> T & E <input type="radio"/> Pur <input type="radio"/> F & M	
Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no		Cash Access (Allows an employee to withdraw cash): <input type="radio"/> yes <input type="radio"/> no	

* Card Type: (Choose the selection "All" or up to two card types from the other three selections).

- All Spend (All) – This spending type allows access to all types of purchases including travel and entertainment, retail and vehicle related purchases.
- Travel & Entertainment (T & E) – This spending type allows access to travel and entertainment related purchases only. Examples of this type of spending include airlines, hotels and restaurants.
- Purchasing (Pur) – This spending type allows access to general purchasing.
- Fuel & Maintenance (F & M) – This spending type allows access to vehicle related purchases only, such as gas stations and repair shops.