



Platinum Account Application

Phone: 800.358.8980/ Fax: 866.560.7806

Provider Name:

Drivers License #	Expiration Date:
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Applicant Name - (Please print)

First Name		Middle Init.	Last Name		Date of Birth		Social Security No.	
Present Address			City		State	Zip		How Long? Yrs. Mos.
Mailing Address (If Other)			City		State	Zip		How Long? Yrs. Mos.
Previous Address (If less than 2 years at present address)			City		State	Zip		How Long? Yrs. Mos.
Circle Type of Home OWN RENT	Current Rent/Mortgage Payment \$		Email Address*		Home Phone		Cell / Other Phone	
Present Employer			Employee Verification Phone		Employer Address			
Occupation / Title		How Long?	Supervisor Name		Gross Yearly Income**		Gross Monthly Income **	
Previous Employer (If less than 2 years)					Previous Employer Phone:		How Long?	
Name of Nearest Relative NOT Living With You					Relationship		Phone	

By signing below, I represent that I am at least 18 years of age and that the information I have supplied on this application is true and correct. I agree that I am applying to World Financial Network National Bank (WFNNB) for a MedChoice Financial credit card account for personal, family or household use. I agree that a credit report may be obtained and used in making the credit granting decision. I agree to be bound by the terms of the attached Credit Card Agreement.

X _____
APPLICANT'S SIGNATURE DATE

The information described in the attached Credit Card Agreement is accurate as of November 1, 2008. This information may have changed after that date. To find out about changes in the information, call us at 1-866-397-7159 (TDD/TTY 1-800-695-1788), or write us at World Financial Network National Bank, PO Box 182273, Columbus, OH 43218-2273.

IMPORTANT INFORMATION ABOUT OPENING AN 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 or other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

The **Ohio laws** against discrimination require that all creditors make credit equally available to all creditworthy 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. **California Residents:** If you are married, you may apply for a separate account. **New York Residents:** A consumer credit report may be ordered in connection with the processing of an application, or subsequently with the update, renewal or extension of credit. Upon your request, you will be informed of whether or not a consumer credit report was ordered, and if it was, you will be given the name and address of the consumer-reporting agency that furnished the report. **Rhode Island And Vermont Residents:** A consumer credit report may be ordered in connection with the processing of an application, or subsequently for purposes of review or collection of the account, increasing the credit line on the account, or other legitimate purposes associated with the account. **Notice to Married Wisconsin Residents:** No provision of any marital property agreement, unilateral statement under Section 766.59 of the Wisconsin statutes or court order under Section 766.70 adversely affects the interest of the creditor, World Financial Network Bank, unless the Bank, prior to the time credit is granted is furnished a copy of the agreement, statement or decree or has actual knowledge of the adverse provision when the obligation to the Bank is incurred.

*By providing your email address, you consent to receive commercial emails from World Financial Network National Bank for solicitation, advertising and promotional offers related to your MedChoice Financial Credit Card Account. You also consent for World Financial Network National Bank to share your email address with MedChoice for service and product offers. ** You do not have to tell us about alimony, child support, separate maintenance income or additional income unless you want us to consider them when we review your application.