

CREDITPLUS® ACCOUNT APPLICATION

To:

446 5436 2400 0100

(Name of Securities Firm)

For Office Use Only: FA Fund #001 Account Number: 131000 [] New Account [] Update to Existing Account

1. ACCOUNT TYPE

- Individual, Personal Trust, Sole Proprietorship, Joint (rights of survivorship), Estate/Conservatorship, LLC/LLP, Joint (tenancy in common), Corporation, Voluntary Association, Other, Joint (community property*), Partnership, IRA

2. ACCOUNT INFORMATION

ACCOUNT TITLE AND ADDRESS

REQUESTED CHECK TITLE

(IF DIFFERENT FROM ACCOUNT TITLE)

3. CREDITPLUS® ACCOUNT

DEBIT CARD AND CHECKWRITING

Minimum \$5,000.00 equity required to qualify. Monthly fees may apply.

- Applicant requests CHECK WRITING ACCOUNT (check one) [] YES [] NO - (IRA Accounts - Please complete IRA Distribution Form)
Applicant requests WEDBUSH DEBIT CARD (check one) [] YES [] NO - (Not available for retirement accounts)
Applicant requests MARGIN ACCOUNT (check one) [] YES [] NO - (Not available for all account types)

By signing below, I acknowledge that I have received the Letter of Understanding ("Letter A"), the Disclosure Statement - Facts About Your Borrowing Costs and Other Matters, and have read and understand the CreditPlus® Agreement (Forms "CPA(C)" or "CPA-IRA(C)").

The Applicants agree that this CreditPlus® Application is made by all authorized parties to the account, and if approved, the terms apply to all Applicants. Each Applicant will be jointly and individually liable for all amounts due.

The Applicant authorizes the Bank or its agent(s) to make credit inquiries considered necessary to process the CreditPlus® Application, to conduct a credit review, and to receive any amounts due in connection with the CreditPlus® Card and Check transactions.

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR SECURITY PURPOSES

APPLICANT (NAME): CO-APPLICANT (NAME):
Mother's Maiden Name:
Telephone Number:
Social Security Number:
Date of Birth:

4. APPLICANT SIGNATURES

Entity Name (if applicable)
Applicant Signature: Print Name: Date:
Co-Applicant Signature: Print Name: Date:

FOR OFFICE USE ONLY - SIGNATURE GUARANTEED BY:

Correspondent Principal: Printed Name Date:
Credit Approval: Printed Name Date:
Date Client Account Information and Agreements Furnished: