

AUTHORIZED USER AGREEMENT

Member Number	Name	Credit Card Number
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I authorize the following person to be added to my credit card account as an authorized user only. I understand that as an authorized user the following person is permitted to use and obtain information from the credit card account, initiate account disputes, change the mailing address, and report a card lost or stolen. An authorized user is not responsible for payments.

Section A: Authorized User Information

NAME: Last	First	Middle	Date of Birth	Social Sec. #
Street Address (No PO Boxes)			City	State
Home or Cell Phone ()			Work Phone ()	Email Address

This data is requested for informational purposes if the authorized user requests information on the credit card account, or if your card is lost or stolen, we will have accurate information to process the request.

Please make this consideration carefully as an authorized user is not responsible for payment of this account (regardless of who conducted the transaction). If you need additional assistance, please contact us at (651) 451-5160 or (800) 813-9185.

Cardholder's Signature	Date
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