

**Best Buy Credit Card Application**

1. APPLICANT: Incomplete form may result in decline of your application.

For WI Residents Only: Check box if you are married:

"BLUE OR BLACK INK ONLY"

Home Phone: [REDACTED] First Name: [REDACTED] Middle Initial: [REDACTED] Last Name: [REDACTED] Initial Sale Amount: [REDACTED]

Current Address: [REDACTED] Apt. #: [REDACTED] Zip: [REDACTED] Own  Rent  Other

Date of Birth (MM/DD/YY): [REDACTED] Social Security Number: [REDACTED] Business Phone: [REDACTED]

E-Mail Address (optional): [REDACTED] Annual Income\*: [REDACTED] Check if you have a:  Checking Account  Savings Account

By providing your e-mail address, you also consent to receive e-mails relating to offers and services from Best Buy Co., Inc. and its subsidiaries.

2. JOINT APPLICANT (or spouse of applicant if married WI resident - complete name and address only)

Home Phone: [REDACTED] First Name: [REDACTED] Middle Initial: [REDACTED] Last Name: [REDACTED]

Current Address: [REDACTED] Apt. #: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Date of Birth (MM/DD/YY): [REDACTED] Social Security Number: [REDACTED] Business Phone: [REDACTED] Annual Income\*: [REDACTED]

\* INCOME NOTICE: Consider all sources. You need not disclose alimony, child support or separate maintenance income if you do not wish to have it considered as a basis for repaying this obligation.

3. APPLICANT AND JOINT APPLICANT: SIGN HERE

All of the information furnished on this application is, to the best of your knowledge, complete and accurate. You agree that you are furnishing all such information on this application to both Best Buy, and to HSBC Bank Nevada, N.A. ("we", "us"), the issuer of the Best Buy credit card. You agree that we may obtain a credit bureau report on you and we may check any of the information provided on this application from whatever source we choose. By completing and signing this application, you are applying for a credit limit in the highest amount we deem appropriate, regardless of any initial sale amount, and you are requesting a Card issued to you by us which will allow you to make purchases under this Account. By signing, using or permitting others to use this Card; by signing or permitting others to sign sales slips; by making or permitting others to make purchases by telephone, Internet, or any other means, you agree to the terms and conditions of the Cardholder Agreement and Disclosure Statement, (which includes an arbitration provision) which shall be sent to you with the credit card. If based on your creditworthiness, we determine you do not qualify for Program A, you agree we may consider you for an account with the terms and conditions of Program B. If approved for Program B, you agree to its terms and conditions. If this is a joint credit application, you understand that each applicant has the right to use the Account and that you shall be liable for all purchases made under the Account by any joint applicant. You grant us a purchase money security interest in the goods purchased on your Account. You understand that we may provide information relating to our transactions and experiences with you to others, including Best Buy, whether or not you are approved for credit. You may prohibit the sharing of such information by calling us at 1-800-365-3804. The Spanish translation has been provided for your convenience. In case of conflict, the English version is the binding contract and will control. You acknowledge receipt of the English/Spanish application and important terms. Some future correspondence may only be available/provided in English.

Joint Applicant's Signature: [REDACTED] Date (MM/DD/YY): [REDACTED]

4. YOU ACKNOWLEDGE YOU HAVE RECEIVED AND READ THE PROGRAM B DISCLOSURE.   If applicant is approved for Program B.

YOU ACKNOWLEDGE YOU HAVE RECEIVED AND READ THE PROGRAM B DISCLOSURE.

APPLICANT'S SIGNATURE: [REDACTED] DATE (MM/DD/YY): [REDACTED]

(For Best Buy Use Only) MERCHANT #88 [REDACTED] ORG #169 [REDACTED] CREDIT LIMIT [REDACTED] RCLE ONE: APPROVED / DECLINED

MERCHANT #2 [REDACTED]

APPLICATION # [REDACTED]

I.D. Verified by (Employee I.D.): [REDACTED]

I.D. #1 Photo ID (Applicant) Type: [REDACTED] I.D. # [REDACTED] Date of Issue: [REDACTED] Exp. In: [REDACTED]

I.D. #2 Credit Card (Applicant) Type:  MC [REDACTED]  AMEX  DISCOVER Exp. Date: [REDACTED] Alt. I.D.: [REDACTED]

Get what you want. Today.



Account Shield<sup>SM</sup>

PROTECT YOUR ACCOUNT WITH ACCOUNT SHIELD<sup>SM</sup>, AN OPTIONAL MONTHLY DEBT CANCELLATION PROGRAM.

If you enroll in our optional Account Shield program, your monthly credit card balance or a portion of your balance may be cancelled in the case of a qualifying Total Disability, Involuntary Unemployment, Property Damage or Loss, or Loss of Life event. For Total Disability, the maximum balance that may be cancelled is \$1,000 per month, up to \$10,000, and for Involuntary Unemployment, up to \$1,000 per month for six months. For Loss of Life or Property Damage or Loss, the maximum balance that can be cancelled is \$10,000. To receive a cancellation benefit (for other than Loss of Life or Property Damage or Loss) on your account, you must be employed full-time (but not self-employed, working for a spouse or any other individual living with you on whom you are financially dependent for support and maintenance, or employed on a part-time basis) and working 30 hours or more per week at a single job on the date the event occurs. Account Shield is not insurance and is unavailable in Mississippi, Guam, the Virgin Islands, Puerto Rico and Canada.

YES, please enroll me, the primary cardholder, in the optional Account Shield monthly debt cancellation program. I authorize the monthly charge to my account when I have a balance. I have received and read the Account Shield Summary. I understand that your evaluation of my credit card application will not be influenced by whether I choose to enroll, and I am free to cancel at any time.

YES, PLEASE ENROLL ME AT THIS TIME.

NO, I DO NOT WISH TO ENROLL AT THIS TIME.

SIGN HERE TO DECLINE: [REDACTED] DATE (MM/DD/YY): [REDACTED]

SIGN HERE TO DECLINE: [REDACTED] DATE: [REDACTED]

CC 11-01

11/07/05