

WAL-MART Financial Services Wal-Mart Community Account Application

The Community Account is for governmental agencies and non-profit organizations only, such as: charity, hospitals, schools or religious organizations. If you are a for-profit business please apply for our Business Credit Account.

This form is designed to be filled out by you online and then printed. To shorten response time, please carefully and completely answer all questions and then sign and date the application. Once complete, you may submit by fax, or mail. Print an extra copy for your records.

Fax 1-866-511-4015

Mail Wal-Mart Community
PO Box 981126
El Paso, TX 79998-9821

APPLICANT: Please read the following before completing this form. (1) Applicant represents that the information given in this Application is complete and accurate. (2) If applying for credit you authorize us to check with credit reporting agencies, credit references and other sources disclosed herein in investigating the information given. (3) Signatory must be an authorized representative of the company with authority to enter into contractual agreements.

1. Your Organization or Company Information

Your organization or company's full legal name (Limited to 26 characters)

Wise County

Name your organization or company is doing business as (Your account will be set up in this name. Limited to 26 characters)

Wise County General

Street Address (Street Name and Number Required)

207 North Church

City
Decatur

State
TX

Zip
76234

Phone
(940) 627-5744 Ext: 2

Fax
(940) 627-3388

Tax Exempt 501 (c) (3) Number (required)
75-6001203

Number of authorized buyer cards you need (up to 99)
75

Type of organization or business (Check only one)

Nonprofit Religious Public School Other

Billing Contact (Your billing statement will be mailed in attention of the billing contact name listed below. Limited to 26 characters)

Wise County Auditor

Billing Address (if different from above)

P.O Box 899

City
Decatur

State
TX

Zip
76234

Phone
(940) 627-5744 Ext: 2

Fax
(940) 627-3388

Parent Company Name (if it applies. Limited to 26 characters)

Street Address (Street Name and Number required)

City

State
Select One

Zip

Phone
() - Ext:

Your business has the ability to purchase using purchase

Purchase Orders Required?

Yes No

order(s) numbers. Wal-Mart Stores, Inc will not be responsible for returning copies of the purchase order to your business. You will receive itemized billing statements with your purchase order number included.

Dun & Bradstreet #

2. Your Signature

You must be one of these: (Check one.)

President or Chairman General Partner Vice President Other Officer Owner or Sole Proprietor

NOTICE TO BUYER:

- (1) DO NOT SIGN THIS APPLICATION BEFORE YOU READ IT.
- (2) YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THE GOVERNING CREDIT AGREEMENT.
- (3) YOU MAY AT ANY TIME PAY THE TOTAL BALANCE UNDER THE AGREEMENT

By signing below, on behalf of your business, you represent that your business is a valid nonprofit business entity; that all purchases made on the Account, if approved, will be for purposes other than personal, family or household use; and you are an authorized representative of the business with authority to enter into contractual agreements. On behalf of the business, you certify that all information provided in this Application is complete and accurate, and you agree that the terms of the Wal-Mart Community and & Business Commercial Charge Account Agreement, which you will receive upon Account approval, will govern your Account. If your Application is approved, it is expected that Wal-Mart will assign your Wal-Mart Account to General Electric Capital Corporation ("GE Capital"). By signing below you authorize GE Capital to obtain information about your business (or you if your business is a proprietorship or partnership) from credit reporting agencies and other sources GE Capital deems appropriate in connection with your Application and subsequently for purposes of updates, renewals or extensions of credit granted as a result of this Application, or in receiving or collecting the Account. You also understand there is no binding contract until your Application is approved.

Federal law requires us to obtain, verify and record information that identifies your business when you open an Account on its behalf. We will use the name, address, taxpayer ID# and other information of your business for this purpose.

X Joe McElhaney - Wise County, Texas
 Signature of Company's authorized representative

Authorized Representative Name	Social Security #
Bill McElhaney	XXXXXX - XXXXX - XXXXXX
Authorized Representative Title	Application date:
Wise County Judge	12/28/2007

IMPORTANT INFORMATION ABOUT THE WAL-MART COMMUNITY CREDIT ACCOUNT	
Annual Percentage Rate for Purchases	N/A; Balance due in full each month.
Delinquency Rate	N/A; Balance due in full each month.
Grace period for Repayment of the balance for Purchases	N/A; Balance due in full each month.
Method for Computing the Balance for Purchases	N/A; Balance due in full each month.
Minimum Finance Charge	N/A; Balance due in full each month.

Late Payment Fees: 6.92% to 18% of unpaid balance (varies by state).
 The information about costs of the card is accurate as of 09/01/06. To find out what information may have changed, write to Wal-Mart Community Credit Services, P.O. Box 981126, El Paso, TX 79998. The terms of this Agreement may be changed provided by the Agreement.

Please double check and then print this form

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Financial Services****Wal-Mart Community Account Application**

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Wise County Sheriff

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Decatur

State

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76234

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Fax

(940) 627 - 3388

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X *Bill McElhaney - For WCSO*

Signature of Company's authorized representative

Authorized Representative Name

Social Security #

Bill McElhaney

XXXXXX - XXXXX - XXXXXX

Authorized Representative Title

Application date:

Wise County Judge

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