

We Give You More...

- 0% interest with our six month FREE credit option*
- Earn \$Smart Shopper points every time you charge
- No Annual Fee
- Advance notice of sales and special discounts
- FREE gift boxes for select holidays

CREDIT CARD DISCLOSURES	
Annual Percentage Rate for purchase	18%
Grace Period for repayment of balances for purchases	No finance charge will be imposed if at least the minimum payment under the Free Credit Option is received by us at any time during the month the statement was mailed to you.
Method of computing the balance for purchases	"Average Daily Balance"
Annual Fees	None
Minimum finance charge	.50
Transaction fee for purchases	None
Transaction fee for cash advances and fees for paying late, exceeding the credit limit, and return checks	Transaction fee for cash advances: None (Not applicable) Late payment fee: \$10 Over-the-limit fee: None Returned checks: maximum allowed by law

The information about the costs of the card described in this application is accurate as of April 23, 2002 which is the date this application was printed. This information may have changed after that date. To find out what may have changed, write to Wakefield's Inc., P.O. Box 400, Anniston, AL 36202

FOR OFFICE USE ONLY

DL# _____ STATE _____
 DL# _____ STATE _____
 VISA MC DISCOVER
 EXP _____ COMPLETED BY _____

INSTANT CREDIT

FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPLICATION INFORMATION

TELL US ABOUT YOURSELF

Name _____

Street Address
(If P.O. Box, must also furnish street address) _____

City _____ State _____ Zip _____

Own Rent Other How Long? _____ Monthly Payment _____

Home Telephone (_____) _____

Birth Date ____/____/____ Social Sec. # _____

TELL US ABOUT YOUR INCOME

Employer
(Firm or Source of Income) _____

Position _____

Business Address _____

Business Phone (_____) _____

Monthly Income _____ Years on Job _____

Authorized Users on this account _____

CO-APPLICANT INFORMATION (Co-Signer)

TELL US ABOUT YOURSELF

Name _____

Street Address
(If P.O. Box, must also furnish street address) _____

City _____ State _____ Zip _____

Home Telephone (_____) _____

Social Sec. # _____ Birth Date ____/____/____

Relationship to Applicant _____

TELL US ABOUT YOUR INCOME

Employer
(Firm or Source of Income) _____

Position _____

Business Address _____

Business Phone (_____) _____

Monthly Income _____ Years on Job _____

NOTICE TO CO-SIGNER

You are asking to become liable for this debt. Think carefully before you do. If the applicant does not pay this debt, you will have to. Be sure you can afford to pay if you have to and that you want to accept this responsibility. We can use the same collection methods against you that can be used against the applicant, such as suing you, garnishing your wages, etc. If this account is ever delinquent, that fact may become a part of your credit record. By signing this application, you acknowledge that you have read and understand this notice to co-signer.

Bank (Checking) _____ Bank (Savings) _____

Name of Relative _____ Relationship _____
 Not Living With You _____

Address _____ City _____ State _____ Telephone (_____) _____

This information is furnished to secure credit from WAKEFIELD'S, INC. I (we) authorize WAKEFIELD'S INC., to investigate my (our) credit record, verify my (our) employment and income, and to report to proper persons and bureaus my (our) performance on this account. Each of the undersigned agrees to pay WAKEFIELD'S, INC. all charges made on this Charge Account if incurred by anyone authorized to make such charges. Each also agrees to pay all costs of collecting the same, including reasonable attorney's fees. Credit card disclosures on reverse side are applicable to this agreement.

Notice to Buyer: Do not sign this before you read it or if it contains any blank spaces. You are entitled to an extra copy of the paper you sign. You have the right to pay in advance the full amount due.

CAUTION: IT IS IMPORTANT THAT YOU THOROUGHLY READ THIS CONTRACT BEFORE YOU SIGN IT.

Applicant's Signature _____ Date _____

Signature of Co-Applicant _____ Date _____