

CREDITPLUS® ACCOUNT APPLICATION

To: _____
 (Name of Securities Firm)

446 5436 2400 0100

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

1. ACCOUNT TYPE

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint (rights of survivorship) | <input type="checkbox"/> Joint (tenancy in common) | <input type="checkbox"/> Joint (community property*) |
| <input type="checkbox"/> Personal Trust | <input type="checkbox"/> Estate/Conservatorship | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> LLC/LLP | <input type="checkbox"/> Voluntary Association | <input type="checkbox"/> IRA |
- ** For AZ, CA, ID, LA, NV, NM, TX, WA and WI only.
- Other : _____

2. ACCOUNT INFORMATION

ACCOUNT TITLE AND ADDRESS	REQUESTED CHECK TITLE <i>(IF DIFFERENT FROM ACCOUNT TITLE)</i>
_____	_____
_____	_____
_____	_____
_____	_____

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)"). If I request a debit card, I agree that I may be required to maintain a Margin Account and have read and understand and the Margin Agreement. I agree that a Master Financial Services Account will be arranged by Wedbush Securities Inc. (the "Clearing Agent") through a financial institution ("Bank"). I understand and agree that CreditPlus® Check and Card transactions will be paid by the Clearing Agent to the Bank and will be charged to (debited from) my account in accordance with the provisions of the CreditPlus® Agreement. **Any one (1) person signing below**, acting alone, may write checks or authorize payments using the CreditPlus® Services.

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 Applicants understand that all Applicants will be liable for CreditPlus® Check and Card transactions made by any Applicant. If this Application is approved by Bank and debit cards are issued, each Applicant understands that the Cards will be mailed to Applicant accompanied by an agreement (the "Cardholder Agreement") setting forth the terms and conditions governing the Card, including limitations on Card transactions. Use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time.

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: _____	Mother's Maiden Name: _____
Telephone Number: _____	Telephone Number: _____
Social Security Number: _____	Social Security Number: _____
Date of Birth: _____	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: _____

revised 08/2015

**** EF0010 ****