

ATTN Financial Representative: After submitting application electronically, then IMMEDIATELY:

Fax this form to: [REDACTED] OR [REDACTED] OR Email scanned image to: [REDACTED]

Written Authorizations for Secured Credit Card

Applicant Name (first, last) HUDSON WEST III LLC Applicant SSN/Tax ID Number [REDACTED]

(ROBERT H BIDEN SSN# [REDACTED])

When you sign below, the following apply:

Application & Agreement

You: (a) acknowledge receipt of our Summary of Credit Terms and Deposit Account Disclosures, and certify that all the information you have provided to us is complete and accurate; (b) authorize us to obtain information from any source we choose now or in the future to verify your identity, credit, employment and income; (c) agree to be bound by the Cardmember Agreement and the Deposit Agreement that will be furnished with your card if your application is approved; and (d) promise to pay all amounts due on your account, including all amounts incurred by any authorized user. You are also requesting us to open a Certificate Savings Deposit ("Deposit") for you (we are First National Bank of Omaha, member FDIC). You hereby pledge, assign and grant a security interest in the Deposit (including all principal and interest now or hereafter deposited) to us as collateral for your credit card obligations to us. If you fail to pay or otherwise default in those obligations, we may: (1) without advance notice to you, take any or all of the balance in your account and apply it to payment of your credit card obligations to us; and (2) pursue other legal remedies against you. You understand and agree that we will retain possession of the Certificate for your Deposit, and agree that you cannot make withdrawals or permit anybody else to have an interest in the Deposit until your cards are returned to us and we are satisfied that no further charges will appear on your card account.

Authorization for Electronic Withdrawal via ACH (for deposit to your Certificate Savings Account)

You authorize us to electronically withdraw \$99,000 from your account number ending in [REDACTED] at the financial institution whose routing number you provided to us. This withdrawal may occur as soon as your application is approved. You may revoke this authorization only by contacting the Secured Card Group at 1-800-444-6220 before your application is approved.

Substitute Form W-9

Under penalties of perjury, you certify that:

1. The number shown above is your correct taxpayer identification number (or you are waiting for a number to be issued to you), and
2. You are not subject to backup withholding because: (a) You are exempt from backup withholding, or (b) You have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified you that you are no longer subject to backup withholding, and
3. You are a U.S. citizen or other U.S. person (including a resident alien).

Certification instructions. You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant Signature: 

Printed Name: GONGWEN DONG, ROBERT H. BIDEN

(2 SIGNATURES REQUIRED TO DEBIT ACCOUNT)

Bank Representative Name: [REDACTED]

Bank Representative Email: [REDACTED]

Bank Phone Number: [REDACTED] EXT [REDACTED]