

Access Card Application

Last Name _____ First Name _____ Phone # _____

Email: _____ Company: _____

This Card is a: Replacement (Replacement cost \$25 - w/photo \$40) New Card Change
 Photo Badge Option: Yes No

PERSONNEL CLASSIFICATION

Wells Fargo Bank Personnel

Permanent Employee
 Temporary Employee
 Bank Contractor/Vendor

Dept: _____
 A/U#: _____
 MAC#: _____
 Expiration Date: _____
 (If required)

Tenant Personnel

Tenant Permanent Employee
 Tenant Temporary Employee
 Tenant Contractor/Vendor

Expiration Date: _____
 (If required)

ACCESS REQUIREMENTS

- | | |
|--|---|
| <input type="checkbox"/> Building Lobby Access | <input type="checkbox"/> Garage (after-hours access only) |
| <input type="checkbox"/> Tower Freight Elevator floors _____ | <input type="checkbox"/> Tenant Floors _____ |
| <input type="checkbox"/> DP Freight Elevator floors: _____ | <input type="checkbox"/> Re-activate Card # _____ |
| <input type="checkbox"/> Bank Floors _____ | <input type="checkbox"/> Other: _____ |

I agree to use this card only to gain access to the authorized or designated area(s) and recognize it is the property of Wells Fargo Center. I agree to surrender it immediately upon request to Building Management. I will notify Building Management at (503) 886-2760 immediately if card is lost or stolen.

APPLICANTS SIGNATURE

MANAGER'S AUTHORIZED SIGNATURE

DATE

PRINT/TYPE MANAGER'S NAME

MANAGER'S PHONE NUMBER

DATE

FOR WFCMO USE ONLY		
CARD NUMBER _____	COMPLETED BY _____	DATE _____