

**ROCKINGHAM COOPERATIVE  
CREDIT APPLICATION & CUSTOMER AGREEMENT**

Type of credit applying for:  Revolving Account (minimum payment of \$25 or 1/12<sup>th</sup> of balance, whichever is greater, **not for farm or business accounts**)  
 30-Day Open Account (balance payable in full within 30 days of billing date)  
 Special Financing

Office Use:
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First Name	Middle Initial	Last Name	Date of Birth
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Home Address (Street Number, Street Name, City, State & Zip Code)	How long at this address?
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Social Security Number	Home Phone ( )	No. of dependents
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Mailing Address (If different from your home address)

Current Employer	How long employed here?
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Employer Complete Address (Street Number, Street Name, City, State & Zip Code)	Business Phone ( )
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Occupation	Annual Gross Income \$	Other Annual Income* (If Any) \$	Source of Income
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Please list credit references including banks and credit cards (List name and type of account)

	Type of Account (Checking, Savings, Credit Card, Other)
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**Joint Applicant** (Complete this section if you are applying for a joint account or if you are relying on the income of another person to qualify for an account.)

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First Name	Middle Initial	Last Name	Date of Birth
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Home Address (Street Number, Street Name, City, State & Zip Code)	How long at this address?
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Social Security Number	Home Phone ( )	No. of dependents
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Current Employer	How long employed here?
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Employer Complete Address (Street Number, Street Name, City, State & Zip Code)	Business Phone ( )
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Occupation	Annual Gross Income \$	Other Annual Income* (If Any) \$	Source of Income
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\* Note: Alimony child support or separate maintenance income need not be disclosed if you do not wish to have it considered as a basis of paying this obligation.

**AGREEMENT:** By accepting, signing or using the card for which application is being made herein, the person whose name is embossed on the face of the card and anyone authorized by such person to use the card (such person and all authorized users being herein collectively referred to as "Holder"), jointly and severally agree as follows: (1) to assume responsibility for all credit extended by Rockingham Cooperative Farm Bureau, Inc. pursuant to authorized use of the card; (2) to pay, at such place as Rockingham Cooperative Farm Bureau, Inc. designates, obligations evidencing such credit, and **FINANCE CHARGE, (APR 18%, 1½ % monthly)**, where applicable (determined as provided in the Rockingham Cooperative Farm Bureau, Inc. Credit Plans delivered herewith and made a part hereof), in accordance with billings and the current payment schedule, including a 25% attorney's fee and other costs of collection in the event of default; (3) to notify Rockingham Cooperative Farm Bureau, Inc. promptly in writing of loss, theft, or unauthorized use of the card; (4) that the card may be cancelled by Rockingham Cooperative Farm Bureau, Inc. at any time; (5) to surrender the card upon demand; (6) that any claim of Rockingham Cooperative Farm Bureau, Inc. against Holder shall, at Farm Bureau's option, become immediately due and payable upon failure of Holder to perform any terms hereof or make any payments as otherwise agreed; (7) that Rockingham Cooperative Farm Bureau, Inc. may upon 15 days' prior written notice to the person whose name is embossed on the face of the card, amend or change any provision or term of this Agreement or the Rockingham Cooperative Farm Bureau, Inc. Credit Plans; (8) that the law of Virginia shall govern all rights and duties hereunder; (9) that venue and jurisdiction for the enforcement of the obligations hereunder shall be in Rockingham County, Virginia, unless another venue and jurisdiction is agreed to, in writing, by Rockingham Cooperative.

**APPLICATION**

I certify that I have read the Rockingham Cooperative Farm Bureau, Inc. Customer Agreement set forth above. I also certify that I have been given and retained a single written copy of the Revolving and 30-Day Open Account Credit Plans containing all the disclosures required by law. I am aware of, and agree to be bound by, the terms of the Rockingham Cooperative Farm Bureau, Inc. Credit Plans and Customer Agreement until the return of the card to Rockingham Cooperative Farm Bureau, Inc. I understand that if a renewal or replacement card is issued to me. I will continue to be bound by the terms of the Rockingham Cooperative Farm Bureau, Inc. Credit Plans and Customer Agreement without any further disclosures or notice to me.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Joint Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Number of cards desired

If corporation or partnership, please list officers or partners: \_\_\_\_\_

## Your Billing Rights

This notice contains important information about your rights and our responsibilities under the Fair Credit Billing Act.

**Notify Us In Case of Errors or Questions About Your Bill:** If you think your bill is wrong, or if you need more information about a transaction on your bill, write us on a separate sheet at the address listed on your bill. Write to us as soon as possible. We must hear from you no later than 60 days after we sent you the first bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information: • Your name and account number • The dollar amount of the suspected error • Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are not sure about.

**Your Rights and Responsibilities After We Receive Your Written Notice:** We must acknowledge your letter within 30 days, unless we have corrected the error by then. Within 90 days, we must either correct the error or explain why we believe the bill is correct.

After we receive your letter, we cannot try to collect any amount you question, or report you as delinquent. We can continue to bill you for the amount you question, including finance charges, and we can apply any unpaid amount against your credit limit. You do not have to pay any questioned amount while we are investigating, but you are still obligated to pay the parts of your bill that are not in question.

If we find that we made a mistake on your bill, you will not have to pay any finance charges related to any questioned amount. If we didn't make a mistake, you may have to pay finance charges, and you will have to make up any missed payments on the questioned amount. In either case, we will send you a statement of the amount you owe and the date that it is due.

If you fail to pay the amount that we think you owe, we may report you as delinquent. However, if our explanation does not satisfy you and you write to us within ten days telling us that you still refuse to pay, we must tell anyone we report you to that you have a question about your bill. And, we must tell anyone we report you to that the matter has been settled between us when it finally is.

If we don't follow these rules, we can't collect the first \$50 of the questioned amount, even if your bill was correct.

### Special Rule for Credit Card Purchases

If you have a problem with the quality of property or services that you purchase with a credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the property or services. There are two limitations on this right. (a) You must have made the purchase in your home state or, if not within your home state, within 100 miles of your current mailing address; and (b) The purchase price must have been more than \$50. These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.

### Revolving Credit Plan

Rockingham Cooperative Farm Bureau, Inc. Revolving charge accounts are based on a monthly billing cycle and monthly statements will be prepared on the last business day of each month designated as the "Date of Statement" on your monthly statement. All credit purchases and all payments occurring after Date of Statement will appear on your next monthly statement.

Your Revolving account is payable on a schedule of one-twelfth (1/12) of the "New Balance" showing on your monthly statement or \$25.00 per month, whichever is greater; however, if the new "New Balance" appearing on your monthly statement is received by Rockingham Cooperative Farm Bureau, Inc. within 30 days of date of statement, no **FINANCE CHARGE** is imposed.

If "New Balance" is not paid within 30 days of Date of Statement, a **FINANCE CHARGE** is imposed at a periodic rate of 1½% per month (or a minimum charge of 25 cents per month for amounts under \$17.00) on the "Adjusted Balance" appearing on your monthly statement. "Adjusted Balance" is the "Previous Balance" reduced by all payments shown on the monthly statement and received during the monthly billing cycle.

The **ANNUAL PERCENTRAGE RATE** of the **FINANCE CHARGE** is 18%.

### 30-Day Credit Plan

Rockingham Cooperative Farm Bureau, Inc. 30-Day charge accounts are based on a monthly billing cycle and monthly statements will be prepared on the last business day of each month designated as the "Date of Statement" on your monthly statement. All credit purchases and all payments occurring after Date of Statement will appear on your next monthly statement.

Your account is due and payable in full on the first day of the month following purchase; however, if the "New Balance" appearing on your monthly statement is received by Rockingham Cooperative Farm Bureau, Inc. within 30 days of Date of Statement, no **FINANCE CHARGE** is imposed.

If "New Balance" is not paid within 30 days of Date of Statement, a **FINANCE CHARGE** is imposed at a periodic rate of 1½% per month (or a minimum charge of 25 cents per month for amounts under \$17.00) on the "Adjusted Balance" appearing on your monthly statement. "Adjusted Balance" is the "Previous Balance" reduced by all payments and credits shown on the monthly statement and received during the monthly billing cycle.

The **ANNUAL PERCENTRAGE RATE** of the **FINANCE CHARGE** is 18%.

**Special Note:** The disclosure of finance charge and the manner in which it is determined is not an invitation or authorization to pay your account in monthly installments. All accounts are due in full on the 1<sup>st</sup> day of the month following purchase.