



ROCKINGHAM COOPERATIVE CREDIT APPLICATION & AGREEMENT

FOR OFFICE USE ONLY
Account#
Approved By
Date

- Type of credit applying for:
Revolving Account (minimum payment of \$25 or 1/12th of balance (not for farm or business accounts)
30-Day Open Account (balance payable in full within 30 days of billing date)
Special Financing (available only during promotional periods)

First Name Middle Initial Last Name Date of Birth
Home Address (Street Number, Street Name, City, State & Zip Code)
Social Security Number Home Phone Cell Phone Number of Dependents

Mailing Address (If different from your home address)
(RECEIVE A ONE TIME \$5.00 STATEMENT CREDIT FOR STATEMENT BY E-MAIL SIGN UP)
Email Address Invoices by Email Statements by Email

Current Employer How long employed here?
Employer Complete Address (Street Number, Street Name, City, State & Zip Code) Business Phone

Occupation Annual Gross Income Other Annual Income (If Any) Source of Income

Please list credit references including banks and/or credit cards

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.)
Type of Account (Checking, Savings, Credit Card, Other)

First Name Middle Initial Last Name Date of Birth
Home Address (Street Number, Street Name, City, State & Zip Code)
Social Security Number Home Phone No. of dependents
Current Employer How long employed here?
Employer Complete Address (Street Number, Street Name, City, State & Zip Code) Business Phone
Occupation Annual Gross Income Other Annual Income* (If Any) Source of Income

AGREEMENT: By accepting, signing or using this account for which application is being made herein, the person whose name or anyone authorized by such person to use this account (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 account; (2) to pay, at such place as Rockingham Cooperative Farm Bureau, Inc. designates, obligations evidencing such credit, and FINANCE CHARGE, (APR 18%, 1 1/2 % 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 any unauthorized use of the account; (4) that the account may be cancelled by Rockingham Cooperative Farm Bureau, Inc. at any time; (5) 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; (6) that Rockingham Cooperative Farm Bureau, Inc. may upon 15 days' prior written notice to the account holder, amend or change any provision or term of this Agreement or the Rockingham Cooperative Farm Bureau, Inc. Credit Plans; (7) that the law of Virginia shall govern all rights and duties hereunder; (8) 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.

Applicant's Signature Date Joint Applicant's Signature

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 PERCENTAGE 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 PERCENTAGE 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 1st day of the month following purchase.

Online Payments

For your convenience, online bill payment is available at our web site, www.rockinghamcoop.com. Payments submitted before 5 PM Eastern Time will be posted to your account that same day.

You can also pay us by ACH. Forms are available on our website. RECEIVE A \$5.00 CREDIT ON YOUR NEXT STATEMENT FOR SIGNING UP FOR ACH. Please contact us with any questions or concerns.

Rockingham Cooperative
PO Box 1109
Harrisonburg, VA 22803
(540) 434-3856 Fax (540) 434-6890