### DISCLOSURES

#### GRANGE CO-OP CHARGE ACCOUNTS

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANNUAL PERCENTAGE</td>
<td>18.0%</td>
</tr>
<tr>
<td>METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE</td>
<td>ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE</td>
</tr>
<tr>
<td>MINIMUM FINANCE CHARGE</td>
<td>$1.00</td>
</tr>
</tbody>
</table>

The information described in this application is accurate as of December 21, 2016. This information is subject to change at any time. Information outlining any changes available by writing to us at Grange Co-op, PO Box 3637, Central Point, OR 97502-0026.

**TERMS:** Charges made during the month are billed on the last business day of that month and statements are mailed as soon thereafter as they can be processed. Statement balances are due and payable in full by the last day of the month in which they are mailed. Any unpaid balance owed from the previous billing cycle may be subject to a Finance Charge.

Accounts with an unpaid balance that is over 60 days old, or that have exceeded the accounts Expressed Terms, may be removed from our approved credit list without notice.

By submitting this credit application, you agree to the following: In the event my account becomes past due, I agree to pay Grange Co-op reasonable costs, collection agency fees and attorney’s fees related to any collection proceedings, whether or not suit or action is filed to collect my account. I agree that the prevailing party shall be entitled to recover reasonable attorney fees in any amount fixed and determined by the trial and all appellate courts.

In consideration of any credit extended to me, to members of my family, to persons in my employ or to persons acting as my agent, I hereby agree to pay my account according to the above terms or other terms expressly agreed to by Grange Co-op at the time of each sale.

Charge customers are responsible for all charges made on their accounts. In the event of a lost or stolen card, charge customers are responsible for all transactions made prior to notifying the Grange Co-op of the loss. Call (541) 684-1281.
APPLICATION FOR CREDIT

1) APPLICANT / OWNER (IF APPLYING FOR INDIVIDUAL / JOINT / BUSINESS ACCOUNT, COMPLETE SECTIONS 1.4 & 5)

NAME: ____________________________________________ SSN: __________-____-________ DATE OF BIRTH ______/____/____

DRIVERS LICENSE #: ___________ STATE: _______ DAYTIME PHONE: ___________ HOME PHONE: ___________

RESIDENCE ADDRESS: ________________________________________________________

MAILING ADDRESS: _________________________________________________________
(IF DIFFERENT FROM RESIDENCE) Street __________________ City & State __________ Zip __________

# OF YEARS AT THIS ADDRESS: ___________ □ OWN □ RENT □ OTHER: ____________

PRESENT EMPLOYER: Position / Title: __________________ Gross Monthly Salary __________ Supervisor: __________________

EMAIL ADDRESS: __________________ Other Income: __________________

BANKING INSTITUTION & BRANCH: __________________

2) CO-APPLICANT / CO-OWNER (IF APPLYING FOR JOINT OR BUSINESS ACCOUNT WITH CO-OWNER OR PARTNER, COMPLETE THIS SECTION)

NAME: ____________________________________________ SSN: __________-____-________ DATE OF BIRTH ______/____/____

DRIVERS LICENSE #: ___________ STATE: _______ DAYTIME PHONE: ___________ HOME PHONE: ___________

RESIDENCE ADDRESS: ________________________________________________________

MAILING ADDRESS: _________________________________________________________
(IF DIFFERENT FROM RESIDENCE) Street __________________ City & State __________ Zip __________

# OF YEARS AT THIS ADDRESS: ___________ □ OWN □ RENT □ OTHER: ____________

PRESENT EMPLOYER: Position / Title: __________________ Gross Monthly Salary __________ Supervisor: __________________

EMAIL ADDRESS: __________________ Other Income: __________________

BANKING INSTITUTION & BRANCH: __________________

3) BUSINESS INFORMATION (IF APPLYING FOR A BUSINESS ACCOUNT, COMPLETE SECTIONS 3, 4 & 5)

BUSINESS NAME: ___________________ FEDERAL ID#: ___________________ DATE STARTED ______/____/____

TYPE OF BUSINESS: ___________________ PHONE: ___________________

□ SOLE PROPRIETORSHIP □ PARTNERSHIP □ INCORPORATED IN STATE OF _______ □ OTHER: ___________________

STREET ADDRESS: _____________________________________________________________

MAILING ADDRESS: _________________________________________________________
(IF DIFFERENT FROM RESIDENCE) Street __________________ City & State __________ Zip __________

BANKING INSTITUTION & BRANCH: __________________

4) CREDIT REFERENCES (ALL APPLICANTS MUST COMPLETE)

1. Name __________________________________________ Address ______________________________

2. Name __________________________________________ Address ______________________________

3. Name __________________________________________ Address ______________________________

4. Name __________________________________________ Address ______________________________

5) PERSONAL GUARANTEE

Applicants / Joint Applicants / Owners / Partners / Officers are required to sign individually. By signing, the undersigned agrees to be personally responsible for payment of all charges to the account, including interest, attorney fees and collection agency costs. By signing below, I acknowledge that I have read the back of the application and agree to the terms of payment.

Applicant Signature ____________________________ Date __________

Joint Applicant Signature ____________________________ Date __________

Print Name ________________________ Print Name ________________________

GRANGE CO-OP • PO BOX 3637 • CENTRAL POINT, OR 97502-0026 • (541) 664-1261 • grangecoop.com