

DISCLOSURES

GRANGE CO-OP CREDIT CARD

GRANGE CO-OP CHARGE ACCOUNTS

ANNUAL PERCENTAGE	18.0%
METHOD OF COMPUTING BALANCE FOR CHARGING FINANCE CHARGE	ANY UNPAID BALANCE OWED AT THE END OF THE PREVIOUS BILLING CYCLE
MINIMUM FINANCE CHARGE	\$1.00

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) 664-1261.

CREDIT APPLICATION



GRANGE CO-OP

Your Trusted Cooperative Since 1934

Sharing What We Know, Helping People Grow

Shop online anytime at
grangecoop.com

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:StreetCity & StateZip

MAILING ADDRESS:StreetCity & StateZip

(IF DIFFERENT FROM RESIDENCE)

OF YEARS AT THIS ADDRESS:OWNRENTOTHER:

PRESENT EMPLOYER:Position / Title# of yearsGross Monthly SalarySupervisor

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:StreetCity & StateZip

MAILING ADDRESS:StreetCity & StateZip

(IF DIFFERENT FROM RESIDENCE)

OF YEARS AT THIS ADDRESS:OWNRENTOTHER:

PRESENT EMPLOYER:Position / Title# of yearsGross Monthly SalarySupervisor

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 PROPRIETORSHIPPARTNERSHIPINCORPORATED IN STATE OFOTHER:

STREET ADDRESS:StreetCity & StateZip

MAILING ADDRESS:StreetCity & StateZip

(IF DIFFERENT FROM RESIDENCE)

BANKING INSTITUTION & BRANCH:

4) CREDIT REFERENCES

(ALL APPLICANTS MUST COMPLETE)

1NameAddress

2NameAddress

3NameAddress

4) CREDIT REFERENCES

(ALL APPLICANTS MUST COMPLETE)

1NameAddress

2NameAddress

3NameAddress

Everything I have stated in this application is correct to the best of my knowledge. I understand you will retain this application whether or not it is approved. You are authorized to check my credit and employment history and to answer questions about your credit experience with me. In consideration of any credit extended to me, to persons acting as my agent or to persons in my employ, I hereby agree to pay this account according to the above terms or other terms expressly agreed by Grange Co-op at the time of each sale. **Past due balance subject to 18% A.P.R.**

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.**

XApplicant SignatureDateXJoint Applicant SignatureDate

Print NamePrint Name