

**CUSTOMER ONE CREDIT AGREEMENT AND DISCLOSURE**  
**Credit Policy Terms and Conditions**

1. **Purchases.** You can use your account to buy goods and services which CUSTOMER ONE sells on credit. In most cases you'll sign a sales slip.
2. **Promise to pay.** When you use your account or permit someone else to use it for a purchase, you promise to pay the total amount of the purchase. You also promise to pay any finance charges and late and other charges that may be due.
3. **Credit limit.** We send a separate notice advising you what your credit limit is. You promise to make purchases only up to that limit. We can increase your credit limit any time. We will let you know when we do this. If you use your account for more than your limit, we can still charge you for all purchases without giving up any of our rights under this agreement. You must pay any amount over your credit limit whenever we ask you to.
4. **Statements.** Each month you receive a statement showing your new balance. Your statement also shows the minimum amount you must pay and the latest date we must receive your payment.
5. **AVOIDING ADDITIONAL FINANCE CHARGES.** You are to pay off all your purchases in full each month as shown on your statement. If you pay off your new balance in full and we receive your payment by the due date shown on your statement, you pay no additional FINANCE CHARGE on this amount. If the balance in your account remains unpaid by the due date shown on your statement, it will be considered past due and you will pay a FINANCE CHARGE on such past due balances.
6. **TERMINATION OF CREDIT PRIVILEGES.** If the balance in your account remains unpaid for an additional thirty (30) days past the due date shown in your statement, your credit privileges will be terminated immediately without notice to you (unless notice is required by applicable law) and any further purchases shall be on a cash basis only.
7. **FINANCE CHARGE.** The FINANCE CHARGE shown on your monthly statement consists of your monthly rate charge and is assessed only against past due amounts. A Periodic Rate of 1.5% (ANNUAL PERCENTAGE RATE of 18%) will be applied against the entire past due balance and begins to accrue on the date on which such amounts become past due. Your monthly statement shows the past due balance subject to the FINANCE CHARGE. The past due balance is computed by deducting all current payments and credits from the previous balance.
8. **ANNUAL FEE.** There is NO ANNUAL FEE for this account.
9. **Entire balance due.** If you miss a payment or break one of your promises under this agreement, we can, to the extent permitted by applicable law, require payment of the entire outstanding balance of your account immediately. We can also suspend your credit privileges. No notice need be given unless required by applicable law. We can also do this if you make any false or misleading statements on your application, if you die, file for bankruptcy, if any other creditor tries to seize your property, or if anything else happens which we feel increases the risk that any payment will not be made on time.

**Questions and billing errors.** Please let us know right away if you have any questions about your statement. You can call us at (715) 443-2241 or you can write us at 219 Main Street, P.O. Box 215, Marathon, Wisconsin 54448. If you think we've made a mistake on your statement, you must follow the procedures on the accompanying statement on your right to dispute billing errors to preserve your rights under the Federal Truth in Lending Act.

**Change of name or address.** If you move or change your name you must give us your new address or name. Please write it on the payment stub of your statement so we can change our records.

**Collection costs.** If you do not pay us as required by this agreement, we may incur collection costs. You promise to pay, if and to the extent permitted by applicable law, all collection costs, including reasonable lawyers' fees and court costs, and any costs we may incur in connection with your account. To the extent permitted by applicable law, we can bill these costs to your account.

**Others using your account.** You promise to pay for all purchases and advances made by anyone you authorize to use your account, whether or not you notify us that he or she will be using it. If someone else is authorized to use your account and you want to end that person's privilege, you must let us know in writing. If he or she has a fuel pump card you must return that card with your written notice.

**Cancellation.** Except where specific written notice is required by law, we can cancel your account any time by phone or by writing you at the address shown for you on our records. You can cancel your account by writing us at 219 Main Street, P.O. Box 215, Marathon, Wisconsin 54448. Of course, if your account is canceled, you are required to pay everything you owe us. This includes any amounts that haven't been billed to you yet as well as any finance charges and late and other charges subsequently imposed on your account. You are also required to return all fuel pump cards we've given you. You must not use your account once your credit privileges have been suspended or canceled.

**Change of terms.** We can change the terms of this agreement at any time by notifying you. Use of the account after we notify you will indicate your agreement to the change. The new terms will apply both to new purchases and, to the extent permitted by law, to any existing balance in your account. We will provide you with notice as required by applicable law (at your address shown on our records) about any increased charge to your account before the start of the billing period when the change takes place.

**Waiver.** We can waive or decline to enforce any of our rights under this agreement any time without affecting any of our rights under this agreement.

**Lost or stolen cards.** If you have a fuel pump card and your card is lost or stolen, you agree to notify us at once, telling us what you know about the loss or theft. You may call us at (715) 443-2241.

**Financial Statements/Release of Information.** You will give us your financial statement on our form or on a form acceptable to us whenever we ask for it. You will also update your credit application and any other information from time to time at our request. We may investigate your credit history by obtaining credit reports and directly asking businesses where you have accounts or where you work. You also authorize us to answer questions and requests from others, like stores or credit reporting agencies, for credit or experience information.

**Return Check Fee.** If any check presented to us for payment on your account is returned to us unpaid, we may charge you a fee of up to \$35.00 (or such higher amount as may be permitted by law from time to time) to cover our collection costs. We may add this fee to the amount of your check and charge your account by that amount.

**Irregular or Partial Payments.** We may accept late payments or partial payments which are less than the total minimum due, whether or not marked as payment in full, without losing any of our rights under this agreement.

**First Lien.** Your cooperative, pursuant to its Articles of Incorporation and Bylaws, has a first lien and security interest on the capital stock or equities of the cooperative held by any patron for any debt due by that patron.

**Severability.** If any provision of this agreement is not allowed by any law, the provision will be automatically changed to conform to the law and the other provisions of this agreement will remain in effect.

**NOTICE: ANY HOLDER OF THIS CONSUMER CREDIT CONTRACT IS SUBJECT TO ALL CLAIMS AND DEFENSES WHICH THE DEBTOR COULD ASSERT AGAINST THE SELLER OF THE GOODS AND SERVICES OBTAINED PURSUANT HERETO OR WITH THE PROCEEDS HEREOF. RECOVERY HEREUNDER BY THE DEBTOR SHALL NOT EXCEED AMOUNTS PAID BY THE DEBTOR HEREUNDER.**

**YOUR BILLING RIGHTS**  
**KEEP THIS NOTICE FOR FUTURE USE**

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 CUSTOMER ONE CO-OP, 219 Main Street, P.O. Box 215, Marathon, Wisconsin 54448. 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.

If you have authorized us to pay your credit account or credit card bill automatically from your savings or checking account, you can stop the payment on any amount you think is wrong. To stop the payment your letter must reach us three business days before the automatic payment is scheduled to occur.

**Your Rights and Our 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 was 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 you the name of anyone we reported you to. 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.

**NOTICE TO MARRIED NON-APPLICANT SPOUSES**  
**LIVING IN WISCONSIN OF OPENING OF CREDIT ACCOUNT**

You are hereby notified that your spouse will be notified if approved for a credit account with the Customer One Cooperative. If married and opening an account as an individual name we are therefore required to provide your spouse with notice pursuant to Section 766.56(3)(b) of the Wisconsin Statutes. A notice will be sent at the same time as we are opening the account by mailing it to both you and your spouse or by separate mailing addressed only to you. By your signature below, you acknowledge that any debt created by this Agreement is a debt in the interest of either family or marriage.

Name and Address of Spouse: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

I AGREE THAT THE TERMS OF THE CUSTOMER ONE COOPERATIVE CREDIT AGREEMENT AND DISCLOSURE ARE INCORPORATED HEREIN BY REFERENCE AND WILL GOVERN ANY PURCHASE MADE WHICH ARE CHARGED TO ANY ACCOUNT THAT I MAY HAVE WITH CUSTOMER ONE COOPERATIVE, P.O. BOX 215, MARATHON, WISCONSIN 54448. EVERYTHING THAT I HAVE STATED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT CUSTOMER ONE COOPERATIVE WILL RETAIN THIS APPLICATION WHETHER OR NOT IT IS APPROVED. CUSTOMER ONE COOPERATIVE IS AUTHORISED TO CHECK MY CREDIT AND EMPLOYMENT HISTORY AND TO ANSWER QUESTIONS ABOUT CUSTOMER ONE COOPERATIVE CREDIT EXPERIENCE WITH ME.

Applicant \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant \_\_\_\_\_

Date \_\_\_\_\_

OPEN END CREDIT DISCLOSURE ANNUAL PERCENTAGE RATE 18% FINANCE CHARGE: FINANCE CHARGE BEGINS TO ACCURE ON A TRANSACTION THAT IS NOT PAID IN FULL AT THE DATE OF THE SECOND BILLING OF THE CHARGE ANNUAL FEE: NONE OTHER CHARGES: NONE
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# CUSTOMER ONE COOPERATIVE CREDIT APPLICATION

30 Day Credit

( INDIVIDUAL/JOINT ACCOUNTS

Salesman \_\_\_\_\_

Last Name	First	Initial	Social Security Number	Home Phone number	Date of Birth
E-Mail Address (For Customer One use ONLY)			Spouse First Name	Your Cell Phone Number	Spouse Cell Phone Number
Street Address		City	State	Zip	Years at Present Location <input type="checkbox"/> Rent <input type="checkbox"/> Own
Previous Address		City	State	Zip	
Present Employer					Years at Previous Location <input type="checkbox"/> Rent <input type="checkbox"/> Own
Employer Address State		City	Years There	Position/Occupation	Monthly Income  \$
Other Income <small>(You do not have to list income derived from a spouse or former spouse including alimony, child support or maintenance unless you want us to consider it for the purpose of opening this account. If you list such payment, please complete Co-applicant section below.)</small>					\$
Nearest Relative Not Living With You			Address	City	Telephone Number
					Relationship

**Credit References (List all obligations with Banks, Finance Companies, ETC.)**

Name of Previous Vendor / Supplier	Account Number	Balance	Payment
Other References			
Land Lord	Address	Phone Number	Rent \$
Check <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Bank	Address	Phone Number
Savings <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Bank	Address	Phone Number

**Co-Applicant (Complete only if: (1) Another person will use the account. Such person must also sign the application and will be jointly obligated on the account. Or (2) You are relying on income derived from a spouse or former spouse including child support, alimony or maintenance payment for repayment of the account)**

Last Name	First	Initial	Social Security Number	Relationship	Date of Birth
Street Address		City	State	Zip	Years at Present Location <input type="checkbox"/> Rent <input type="checkbox"/> Own
Present Employer			Years There	Position	Monthly Income  \$
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name of Bank		Address		Phone Number

Other person(s) authorized to make purchases on my / our behalf: _____ _____ _____
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