



LA - PAYDAY 7/22  
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☎ 708.396.1700  
fax 708.396.9954

**COMBINATION PROMISSORY NOTE, TRUTH-IN-LENDING DISCLOSURE STATEMENT**

<b>LENDER— CREDITOR NAME &amp; ADDRESS</b>		• • •		ITEMIZATION OF AMOUNT FINANCED: (1) Amount Paid Directly to Me ..... \$ _____	
<b>ACCOUNT NO.</b>	<b>BORROWER'S NAME &amp; ADDRESS</b>		<b>CO-BORROWER</b>		(2) Amount to be Paid to Company for service (i.e., 16.75% of check) ... \$ _____ <i>Not to exceed \$45.00</i>
<b>DATE OF LOAN</b>	• • •				(3) Prepaid Finance Charge ..... \$ _____
<b>HOME PHONE</b>	<b>WORK PHONE/EXT.</b>	<b>CELL PHONE</b>		<b>TOTAL OF ABOVE</b> ..... \$ _____	
<b>BORROWER'S SS/TAX ID #</b>		<b>CO-BORROWER'S SS/TAX ID #</b>			
<b>ANNUAL PERCENTAGE RATE</b> The cost of my credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost me.	<b>Amount Financed</b> The amount of credit provided to me or on my behalf.	<b>Total of Payments</b> The amount I will have paid after I have made all payments as scheduled.		
%	\$	\$	\$		
<b>PAYMENT SCHEDULE:</b>					
One Payment of \$ _____ Due Date of Payment _____					

**PROMISSORY NOTE**

As stated above "I", "Me" or "My" means all Borrowers; and "You" or "Your" means Lender-Creditor named above.

**PROMISE TO PAY:** FOR VALUE RECEIVED, I promise to pay the total sum stated above.

**ADDITIONAL FINANCE CHARGE:** If the loan is not paid within 10 days after the due date; or interest after maturity you may charge me an amount not to exceed 36% per annum for the first year following the payment due date, thereafter, any additional finance charges shall not exceed 18% per annum.

**NSF FEE:** If my check is returned for any reason, you may: (A) charge me the actual fee charged by your financial institution, and (B) in addition, if my check is returned from your financial institution due to insufficient funds you may charge me a returned check fee not to exceed (\$25.00) twenty-five dollars or (5%) five percent of the amount of the check, whichever is greater. This charge may be assessed and collected only once per transaction.

**ATTORNEY FEE:** I agree to pay your reasonable attorney fees and costs awarded by a court.

**DOCUMENTATION FEE:** I agree to a non-refundable documentation fee as reimbursement for actual costs incurred, not to exceed ten dollars, in connection with a non-real-estate consumer loan transaction.

**PRE-PAYMENT:** I may pre-pay this loan prior to the payment due date. I understand that if I do so within the first five days of the loan disbursement, I will be entitled to a rebate by a method no less favorable than the actuarial method, less twenty dollars (\$20.00) of the original fee per La. R.S. 9:3578.5.

**PARTIAL PAYMENT:** I may make a partial payment of the amount owed in increments of no less than fifty dollars (\$50.00), in order to reduce the overall amount of my loan. I may, as an alternative, pay a partial payment of at least 25% of the amount advanced plus fees and enter into a new transaction, for the remaining balance owed.

**GOVERNING LAW:** I agree that the Promissory Note and Loan shall be governed and construed under the LOUISIANA DEFERRED PRESENTMENT AND SMALL LOAN ACT, La. R.S. 9:3578.1-9:3578.8.

I (We) acknowledge receipt of a completed copy of this Truth-in-Lending Disclosure Statement, Promissory Note and agree to the terms and conditions contained herein. I hereby certify that I have read and fully understand this agreement.

**IF YOU CANNOT MAKE PAYMENT WHEN DUE, YOU CAN ASK TO ENTER INTO AN EXTENDED PAYMENT PLAN ONCE IN A TWELVE-MONTH PERIOD, BUT THE REQUEST MUST BE MADE BEFORE PAYMENT IS DUE. REQUESTS MUST BE IN WRITING AND MAY BE MADE IN PERSON, BY EMAIL, OR FACSIMILE.**

Licensee/Lender: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Facsimile: \_\_\_\_\_

**IF LICENSEE/LENDER REFUSES TO ENTER INTO AN EXTENDED PAYMENT PLAN UPON YOUR REQUEST BEFORE THE DUE DATE, CONTACT THE OFFICE OF FINANCIAL INSTITUTIONS AT 1-888-525-9414.**

**In addition, a consumer shall sign the following statement acknowledging that he has been informed of the extended payment plan. The statement shall be in at least twelve point bold type, on the first page of each deferred presentment transaction or small loan agreement below the statement required by Subparagraph (a) of this Paragraph. I acknowledge that I understand that I may be eligible to enter into an extended payment plan if I cannot make payment when due. In order to be potentially eligible for an extended payment plan, understand that it is my responsibility to notify my lender that cannot make payment before payment is due. I have asked any questions I have about the extended payment plan and my lender (licensee) answered all questions to my satisfaction**

I acknowledge I have been informed of the above. \_\_\_\_\_ Date

**IDENTIFICATION OF COVERED BORROWER:** Federal law provides important protections to active duty members of the Armed Forces and their dependents. To ensure that these protections are provided to eligible applicants, we require you to sign one of the following statements as applicable:

I AM a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer.

I AM a dependent of a member of the Armed Forces on active duty as described above, because I am the member's spouse, the member's child under the age of eighteen years old, or I am an individual for whom the member provided more than one-half of my financial support for 180 days immediately preceding today's date.

— OR —

I AM NOT a regular or reserve member of the Army, Navy, Marine Corps, Air Force, or Coast Guard, serving on active duty under a call or order that does not specify a period of 30 days or fewer (or a dependent child of such a member).

Warning: It is important to fill out this form accurately. Knowingly making a false statement on a credit application is a crime

Borrower \_\_\_\_\_

Co-Borrower \_\_\_\_\_





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COMBINATION PROMISSORY NOTE, TRUTH-IN-LENDING DISCLOSURE STATEMENT AND SECURITY AGREEMENT

**LENDER— CREDITOR NAME & ADDRESS**

**BORROWER'S NAME & ADDRESS** **CO-BORROWER**

**ACCOUNT NO.** **DATE OF LOAN**

**PARISH**

**BORROWER'S SS/TAX ID #** **CO-BORROWER'S SS/TAX ID #**

<b>ANNUAL PERCENTAGE RATE</b> The cost of my credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost me.	<b>Amount Financed</b> The amount of credit provided to me or on my behalf.	<b>Total of Payments</b> The amount I will have paid after I have made all payments as scheduled.
%	\$	\$	\$

**MY PAYMENT SCHEDULE WILL BE:**

NUMBER OF PAYMENTS	AMOUNT OF FIRST PAYMENT	FIRST PAYMENT DUE DATE	OTHER PAYMENTS DUE SAME DAY OF EACH SUCCEEDING MONTH	AMOUNT OF OTHER PAYMENTS	FINAL PAYMENT DUE DATE
	\$			\$	

**Security:** I am giving you a security interest in:  Certain Household Items  Motor Vehicle

Goods or property being purchased  Real Estate

Collateral securing other loans may also secure this loan

Other (describe) \_\_\_\_\_  This Loan is unsecured.

**Late Charge:** If a payment is more than 10 days late, I will be charged \$10.00 or 3% of the unpaid amount, whichever is greater, in default whichever is greater.

**Prepayment:** If I pay off early, I may be entitled to a refund of part of the finance charge.

**Assumption Policy:** A subsequent purchaser of my existing financial interest under this loan may not be permitted to assume this loan under its original terms.

I should see my contract documents for any additional information about non-payment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

**Insurance:** Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional cost insurance, if provided, is for a term of \_\_\_\_\_ months. Amount of Coverage: \$\_\_\_\_\_

TYPE	PREMIUM	SIGNATURE
Reducing Term Credit Life	I want Reducing Term Life Ins. <input type="checkbox"/> with Dismemberment or <input type="checkbox"/> without Dismemberment	SIGNATURE: _____
Level Term Credit Life	I want Level Term Credit Life Ins. <input type="checkbox"/> with Dismemberment or <input type="checkbox"/> without Dismemberment	SIGNATURE: _____
Joint Credit Life	I want Joint Credit Life Ins. <input type="checkbox"/> with Dismemberment or <input type="checkbox"/> without Dismemberment	SIGNATURE: _____ SIGNATURE: _____
Credit Disability	Credit Disability Insurance	SIGNATURE: _____

**ITEMIZATION OF THE AMOUNT FINANCED OF** \$ \_\_\_\_\_

Amount Given To Me Directly \$ \_\_\_\_\_

Amount Paid On My Account \$ \_\_\_\_\_

**AMOUNT PAID TO OTHERS ON MY BEHALF** (I understand and agree that you receive or retain a portion of certain of these amounts)

**AMOUNTS PAID TO INSURANCE COMPANIES FOR:**

(a) Credit Life Insurance \$ \_\_\_\_\_  
 Lvl  Intl  Group  Jnt  Dsmbrmt

(b) Credit Disability Insurance \$ \_\_\_\_\_  
 Prp  Day Retro

(c) Property Insurance \$ \_\_\_\_\_

**AMOUNTS PAID TO PUBLIC OFFICIALS FOR:**

(A) Filing \$ \_\_\_\_\_

(b) Termination Fee \$ \_\_\_\_\_

(c) Real Estate Notary Fee \$ \_\_\_\_\_

(d) \_\_\_\_\_ \$ \_\_\_\_\_

**AMOUNTS OF OTHER ITEMS PAID:**

To \_\_\_\_\_ \$ \_\_\_\_\_

for Real Estate Appraisal Fee \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

for Title Examination Fee \$ \_\_\_\_\_

To You for Origination Fee \$ \_\_\_\_\_

To You for Documentation Fee \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

for Non Filing Insurance \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

To \_\_\_\_\_ \$ \_\_\_\_\_

(Less) Prepaid Finance Charge \$ \_\_\_\_\_

I may obtain required property insurance from anyone I want that is acceptable to you. If I obtain the insurance through you the cost will be as follows:

**PROPERTY INSURANCE** \$ \_\_\_\_\_  
for a term of \_\_\_\_\_ months.

A PORTION OF THE INSURANCE FEES MAY BE RETAINED BY THE SELLER. As stated above, "I," "Me" or "My" means all Borrowers, and "you" means the Lender-Creditor named above.

SECURITY AGREEMENT

This loan is secured by the property listed below and located at the above address unless otherwise agreed by the parties hereto.

Description of secured property:

(a) Motor Vehicle(s):

REARUSED	MAKE	MODEL	YEAR	SERIAL NO	H.P.	BODY STYLE	COLOR	LICENSE NUMBER/YEAR

(b) Movable property described as follows:

(c) Other (describe fully)

BORROWER UNDERSTANDS AND AGREES THAT THE TERMS OF THE SECURITY AGREEMENT ON THE REVERSE SIDE HEREOF ARE A PART OF THIS AGREEMENT AS IF FULLY SET FORTH AT THIS POINT.

CONTRACT RATE 9%

PROMISSORY NOTE — NEGOTIABLE PAPER

FOR VALUE RECEIVED, the undersigned (whether one or more) jointly, severally and solidarily, promise to pay to the order of the Lender stated above the Total of Payments shown above, until the full amount of this Note shall be paid. The first installment shall be due and payable on the first payment date shown above, and the following installments shall be due on the same date of each month thereafter, together with the final installment covering any unpaid balance, which final installment is due and payable on the final payment due date shown above, unless otherwise extended or deferred pursuant to the Louisiana Consumer Credit Law.

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**CAUTION: SIGN NOTE ON SECOND PAGE**  
**L.A. SALE AND SECURITY AGREEMENT (NON-AUTOMOTIVE)**

STATE OF LOUISIANA, PARISH OR	ACCOUNT NO.	PURCHASER'S NAME	SS/TAX ID #
SELLER		CO-PURCHASER'S NAME	SS/TAX ID #
ADDRESS		ADDRESS	
CITY AND STATE		CITY AND STATE	

<b>ANNUAL PERCENTAGE RATE</b> The cost of my credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost me.	<b>Amount Financed</b> The amount of credit provided to me or on my behalf.	<b>Total of Payments</b> The amount I will have paid after I have made all payments as scheduled.	<b>Total Sale Price</b> The total cost of my purchase on credit, including my down payment of	<b>Date of Transaction</b>
%	\$	\$	\$	\$	

**MY PAYMENT SCHEDULE WILL BE:**

NUMBER OF PAYMENTS	AMOUNT OF FIRST PAYMENT	FIRST PAYMENT DUE DATE	OTHER PAYMENTS DUE SAME DAY OF EACH SUCCESSIVE MONTH	OTHER PAYMENTS	FIRST PAYMENT DUE DATE
	\$				

**Security:** I am giving you a security interest in the goods or property being purchased.  
**Late Charge:** If a payment is more than 10 days late, I will be charged \$10.00 or 5% of the unpaid amount of the installment in default, whichever is greater.  
**Prepayment:** If I pay off early, I may be entitled to a refund of part of the finance charge. I should see my contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.

Seller does by these presents hereby sell, transfer and deliver unto Purchaser (which means all purchaser(s) jointly, severally and solidarily), under the terms and conditions set forth on the face and reverse side hereof, the property described below, delivery and acceptance of which in good order is hereby accepted by Purchaser. Said property to be located, unless otherwise noted at the Purchaser's address first shown above.

This sale is made and accepted for a Total Sale Price as shown above and the unpaid balance evidenced by a Promissory Note of even date, made and executed by the Purchaser, in the amount shown above as Total of Payments payable to bearer in installments as shown in the above Payment Schedule and is secured by a purchase money security interest on the property described below.

Description of Property:

**Delinquency Charges:** In the event that Purchaser fails to pay any installment payment in full within ten (10) days of its regularly scheduled due date, a Delinquency Charge will be assessed equal to five (5%) percent of the unpaid amount of the installment in default, or \$10.00, whichever is greater.

**Prepayment:** Upon prepayment of this Contract in full or upon acceleration of maturity, Purchaser shall receive a rebate of the unearned Finance Charge based upon the table of 75% after first deducting from the Finance Charge a prepayment charge of \$25.00 if one half (1/2) of the Contract term has elapsed. No rebate will be made of less than \$1.00.

In the event that an installment is not paid within 10 days after its due date, you may unilaterally grant a deferral of the delinquent installment and collect a deferral charge computed by applying the Contract Rate to the amount deferred over the period of deferral without regard to differences in the length of months but proportionately for a part of a month, counting each day as a part of a month. Such deferral charge may be collected at the time it is assessed or at any time thereafter. At Lender's option deferral charges on a precomputed consumer credit transaction may be computed on a pro rata basis or any other method of calculation that does not yield a greater sum than the maximum rates permitted in this Chapter. In lieu of the above, the entire unpaid balance of the transaction may be deferred by charging an amount equal to the rate previously stated to the consumer times the balance at the time of deferral for the period of deferral. In such a case, the transaction maturity date will be extended by the number of months that the balance is deferred.

**ITEMIZATION OF THE AMOUNT FINANCED OF \$ \_\_\_\_\_**  
 Amount Applied To Purchase Price ..... \$ \_\_\_\_\_  
**AMOUNTS PAID TO OTHERS ON MY BEHALF:** (I understand and agree that you receive and retain a portion of certain of these amounts)  
 To Public Officials for Filing Fees ..... \$ \_\_\_\_\_  
 To Public Officials for Termination Fees ..... \$ \_\_\_\_\_  
 To Insurance Companies for Credit Insurance ..... \$ \_\_\_\_\_  
 To \_\_\_\_\_  
 For Non-Filing Insurance ..... \$ \_\_\_\_\_  
 To \_\_\_\_\_ \$ \_\_\_\_\_  
 To \_\_\_\_\_ \$ \_\_\_\_\_

**Insurance:** Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional cost. Insurance, if provided, is for the term of the credit sale.

TYPE	PREMIUM	SIGNATURE	A PORTION OF THE INSURANCE FEES MAY BE RETAINED BY THE SELLER.  I may obtain required property insurance from anyone I want that is acceptable to you. If I obtain the insurance from you, the cost will be:  Property Insurance \$ _____  For a term of _____ months.
Reducing Term Credit Life		I want Reducing Credit Life Insurance SIGNATURE	
Level Term Credit Life		I want Level Credit Life Insurance SIGNATURE	
Joint Credit Life		I/We want Joint Credit Life Insurance SIGNATURE SIGNATURE	
Credit Disability		I want Credit Disability Insurance SIGNATURE	

Wherever used above, "I," "Me" or "My" means all Purchasers; and "You" means the Seller named above as well as its transferees and assigns.

The terms and conditions continued on the other side are expressly incorporated herein by reference and constitute a part of this Contract. The undersigned Purchaser(s) hereby acknowledge(s) receipt of a copy of this Contract, which was completely filled in prior to execution.

SELLER'S CO. NAME \_\_\_\_\_

PURCHASER

BY \_\_\_\_\_  
(Signature of Owner, Officer or Member of Firm) Title

CO-PURCHASER

ORIGINAL

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**RETAIL INSTALLMENT CONTRACT — NEGOTIABLE PAPER**  
(ONLY THOSE ITEMS WHICH ARE CHECKED OR COMPLETED ARE APPLICABLE)

<b>SELLER</b>		<b>PURCHASER</b>	
ADDRESS		ADDRESS	
CITY AND STATE		CITY AND STATE	

<b>ANNUAL PERCENTAGE RATE</b> <small>The cost of my credit as a yearly rate.</small>	<b>FINANCE CHARGE</b> <small>The dollar amount the credit will cost me.</small>	<b>Amount Financed</b> <small>The amount of credit provided to me or on my behalf.</small>	<b>Total of Payments</b> <small>The amount I will have paid after I have made all payments as scheduled.</small>	<b>Total Sale Price</b> <small>The total cost of my purchase on credit, including my down payment of \$_____.</small>	<b>Date of Transaction</b>
%	\$	\$	\$	\$	

**MY PAYMENT SCHEDULE WILL BE:**

NUMBER OF PAYMENTS	AMOUNT OF FIRST PAYMENT	FIRST PAYMENT DUE DATE	OTHER PAYMENTS DUE SAME DAY OF EACH SUCCESSIVE MONTH	AMOUNT OF OTHER PAYMENTS	FINAL PAYMENT DUE DATE
	\$			\$	

**Security:** I am giving you a security interest in the goods or property being purchased.  
**Late Charge:** If a payment is more than 10 days late, I will be charged \$10.00 or 5% of the unpaid amount of the installment, whichever is greater.  
**Prepayment:** If I pay off early, I may be entitled to a refund of part of the finance charge.  
 I should see my contract documents for any additional information about nonpayment, default, any required payment in full before a scheduled date, and prepayment, refunds and penalties.

Seller does by these presents hereby sell, transfer and deliver unto Purchaser (which means all purchasers jointly, severally and solidarily), under the terms and conditions set forth on the face and reverse side hereof, the property described below, delivery and acceptance of which in good order is hereby accepted by Purchaser.

If property is purchased with this Contract, Purchaser(s) hereby grants Seller a purchase money security interest in said property, which is described below, to secure this obligation.

Description:

FOR VALUE RECEIVED, the undersigned Purchaser(s) jointly, severally and solidarily promise to pay to the above named Seller or Bearer the Total of Payments shown above, payable in monthly installments as provided for in the Payment Schedule shown above.

The makers, grantors, guarantors, and endorser(s) of this Contract specifically agree that the Louisiana Consumer Credit Law shall govern the terms of this Contract. All parties hereto, including comakers, guarantors and endorser(s), hereby waive demand and presentment for payment, notice of non-payment, notice of protest and protest of this Contract, and further waive all legal division and discussion.

This Contract contains the entire agreement between the parties and no warranties or representations, expressed or implied, and no statement, promises or inducements made by any party hereto or any party whatsoever, which are not contained in this Contract, shall be valid or binding, unless endorsed hereon in writing. If there is more than one Purchaser hereon, the Purchaser(s) agree that they shall be jointly, severally and solidarily liable for the fulfillment of all the obligations herein. The acceptance of any installment or payment after any default shall not be deemed to alter or affect Purchaser's obligations or Holder's rights with respect to subsequent payments or defaults.

**Delinquency Charges:** In the event that Purchaser fails to pay an installment payment in full within ten (10) days of its regularly scheduled due date, a Delinquency Charge will be assessed equal to five (5%) percent of the unpaid amount of the installment in default, or \$10.00, whichever is greater.

In the event the Purchaser tenders a check in payment of any amount due under this Contract and the check is returned due to insufficient funds or other cause, the Holder shall have the right to assess an additional charge equal to 5% of the amount not returned in full, or \$10.00, whichever is greater.

In the event that an installment is not paid within 10 days after its due date, Holder may unilaterally grant a deferral of the delinquent installment and collect a deferral charge calculated by applying the Contract Rate to the amount deferred over its period of deferral without regard to the differences in the length of months but proportionately for a part of a month, (i.e., 1/30th of a month). Such deferral charge may be collected at the time it is assessed or at any time thereafter. At Lender's option deferral charges on a precomputed consumer credit transaction may be computed on a pro rata basis or any other method of calculation that does not yield a greater sum than the maximum rates permitted in this Chapter. In lieu of the above, the entire unpaid balance of the transaction may be deferred by charging an amount equal to the rate previously stated to the consumer times the balance at the time of deferral for the period of deferral. In such a case, the transaction maturity date will be extended by the number of months that the balance is deferred.

**Default and Acceleration:** In the event of default, Holder may at its option declare the entire unpaid balance of this Contract, less any rebate or unearned charges as provided for below, to be immediately due and payable without notice or demand. After contractual maturity or after acceleration upon default, interest (Finance Charge) shall continue to accrue on the unpaid balance of this Contract, less any rebate or unearned charges at the Annual Percentage Rate stated herein, until one (1) year after contractual maturity and thereafter at the rate of eighteen (18%) per cent per annum, until paid in full. In the event that this Contract is referred to an attorney for collection, Purchaser shall pay the reasonable fees of such an attorney, which fees shall be 25% of the amount of the unpaid debt.

**Prepayment:** Upon prepayment of this Contract in full or upon acceleration of maturity, Purchaser shall receive a rebate of the unearned Finance Charge based upon the Rule of 78's, after first deducting from the Finance Charge a prepayment charge of \$25.00 if one-half (1/2) or less of the Contract term has elapsed. No rebate will be made of less than \$1.00.

<b>ITEMIZATION OF THE AMOUNT FINANCED OF</b> .....	\$ _____
Amount Applied To Purchase Price .....	\$ _____
<b>AMOUNTS PAID TO OTHERS ON MY BEHALF:</b> (I understand and agree that you receive and retain a portion of certain of these amounts)	
To Public Officials for Recordation Fees .....	\$ _____
To Insurance Companies for Credit Insurance .....	\$ _____
To _____	\$ _____
To _____	\$ _____
To _____	\$ _____
To _____	\$ _____
To _____	\$ _____

A PORTION OF THE INSURANCE FEES MAY BE RETAINED BY THE SELLER

**Insurance:** Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional cost. Insurance, if provided, is for the term of the credit sale.

TYPE	PREMIUM	SIGNATURE
Reducing Term Credit Life		I want Reducing Credit Life Insurance SIGNATURE: _____
Level Term Credit Life		I want Level Credit Life Insurance SIGNATURE: _____
Joint Credit Life		I/We want Joint Credit Life Insurance SIGNATURE: _____ SIGNATURE: _____
Credit Disability		I want Credit Disability Insurance SIGNATURE: _____

I may obtain required property insurance from anyone I want that is acceptable to you. If I obtain the insurance from you, the cost will be:

Property Insurance \$ \_\_\_\_\_

For a term of \_\_\_\_\_ months.

Wherever used above, "I", "Me", or "My" means all Purchasers; and "You" and "Holder" mean the Seller named above and its transferees and assigns.

The terms and conditions continued on the other side are expressly incorporated herein by reference and constitute a part of this Contract.

ACCEPTED BY SELLER: \_\_\_\_\_ PURCHASER ACKNOWLEDGES RECEIPT OF AN EXACT COPY OF THIS CONTRACT

Seller: \_\_\_\_\_



STATE OF LOUISIANA  
UNIFORM COMMERCIAL CODE - FINANCING STATEMENT - UCC-1  
IMPORTANT - Read Instructions on back before filling out form

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME				
OR		1b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE (e.g. Jr., Sr., III) if applicable)		MIDDLE NAME
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #: if any <input type="checkbox"/> None

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR		2b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE (e.g. Jr., Sr., III) if applicable)		MIDDLE NAME
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #: if any <input type="checkbox"/> None

3. SECURED PARTY'S NAME (or NAME OF TOTAL ASSIGNEE OR ASSIGNEE'S S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME				
OR		3b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE (e.g. Jr., Sr., III) if applicable)		MIDDLE NAME
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

5a. Check if applicable and attach legal description of real property constituting goods.  Future filing  As-extracted collateral  Standing timber  
 The debtors do not have an interest of record in the real property (Enter name of an owner of record in 5b)

5b. Owner of the property (if other than named debtor)

6a. Check only if applicable and check only one box.  
 Debtor is a Transacting Utility. Filing is Effective Until Terminated.  
 Filed in connection with a public finance transaction. Filing is Effective for 30 Years.

6b. Check only if applicable and check only one box.  
Debtor is a  Trust or  Trustee acting with respect to property held in trust or  Decedent's Estate

7. ALTERNATIVE DESIGNATION (if applicable):  LESSEE/LESSOR  
 CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  
 SELLER/BUYER  AG LIEN  NON-UCC FILING

8. Name & Phone Number to contact filer

9. Send Acknowledgment To: (Name & Address)

10. The below space is for Filing Office Use Only

11.  CHECK TO REQUEST SEARCH REPORTS ON DEBTOR(S)  
(ADDITIONAL FEE REQUIRED)  ALL DEBTORS  DEBTOR 1  DEBTOR 2

**UNIFORM COMMERCIAL CODE - CORRECTION STATEMENT**  
**IMPORTANT - Read Instructions on back before filling out form**

**CORRECTION STATEMENT**

FOLLOW INSTRUCTION (front and back) CAREFULLY

1. Identification of the RECORD to which this CORRECTION STATEMENT relates

1a. TYPE OF RECORD

1b. FILE # OF INITIAL FILING STATEMENT

2a.  RECORD is inaccurate.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 is inaccurate and the manner in which the person believes the RECORD should be amended to cure the inaccuracy.

2b.  RECORD was wrongfully filed.

Provide the basis for the belief of the person identified in item 4 that the RECORD identified in item 1 was wrongfully filed.

**COPIED**

3. NAME OF PERSON AUTHORIZING THE FILING OF THIS CORRECTION STATEMENT - The RECORD identified in item 1 must be indexed under this name.

3a. ORGANIZATION'S NAME

OR

3b. INDIVIDUAL'S (LAST NAME (AND TITLE OF LINEAGE (e.g. Jr., Sr., III, if applicable)

FIRST NAME

MIDDLE NAME

4. NAME & PHONE OF PERSON FILING THIS STATEMENT (optional)

5. SEND ACKNOWLEDGEMENT TO: (name and address)

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY



STATE OF LOUISIANA  
UNIFORM COMMERCIAL CODE - AMENDMENT - UCC-3  
IMPORTANT - Read Instructions on back before filling out form

LOUISIANA UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

1. INITIAL FINANCING STATEMENT FILE #

2.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this termination Statement.

3.  CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This amendment affects  Debtor or  Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in item 6 and/or 7.

CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  DELETE name: Give record name to be deleted in item 6a or 6b.  ADD name: Complete item 7a or 7b; and also item 7c; also complete items 7d-7g (if applicable).

6. CURRENT RECORD INFORMATION:

6a. ORGANIZATION'S NAME

OR 6b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE [e.g. Jr., Sr., III, if applicable]) FIRST NAME MIDDLE NAME

7. CHANGED (NEW) OR ADDED INFORMATION:

7a. ORGANIZATION'S NAME

OR 7b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE [e.g. Jr., Sr., III, if applicable]) FIRST NAME MIDDLE NAME

7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

7d. TAX ID # (SSN OR EIN) 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any  NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing by a Debtor, check here  and enter name of Debtor authorizing this Amendment.

9a. ORGANIZATION'S NAME

OR 9b. INDIVIDUAL'S LAST NAME (AND TITLE OF LINEAGE [e.g. Jr., Sr., III, if applicable]) FIRST NAME MIDDLE NAME

10. OPTIONAL FILER REFERENCE DATA

11. NAME & PHONE OF CONTACT AT FILER (OPTIONAL)

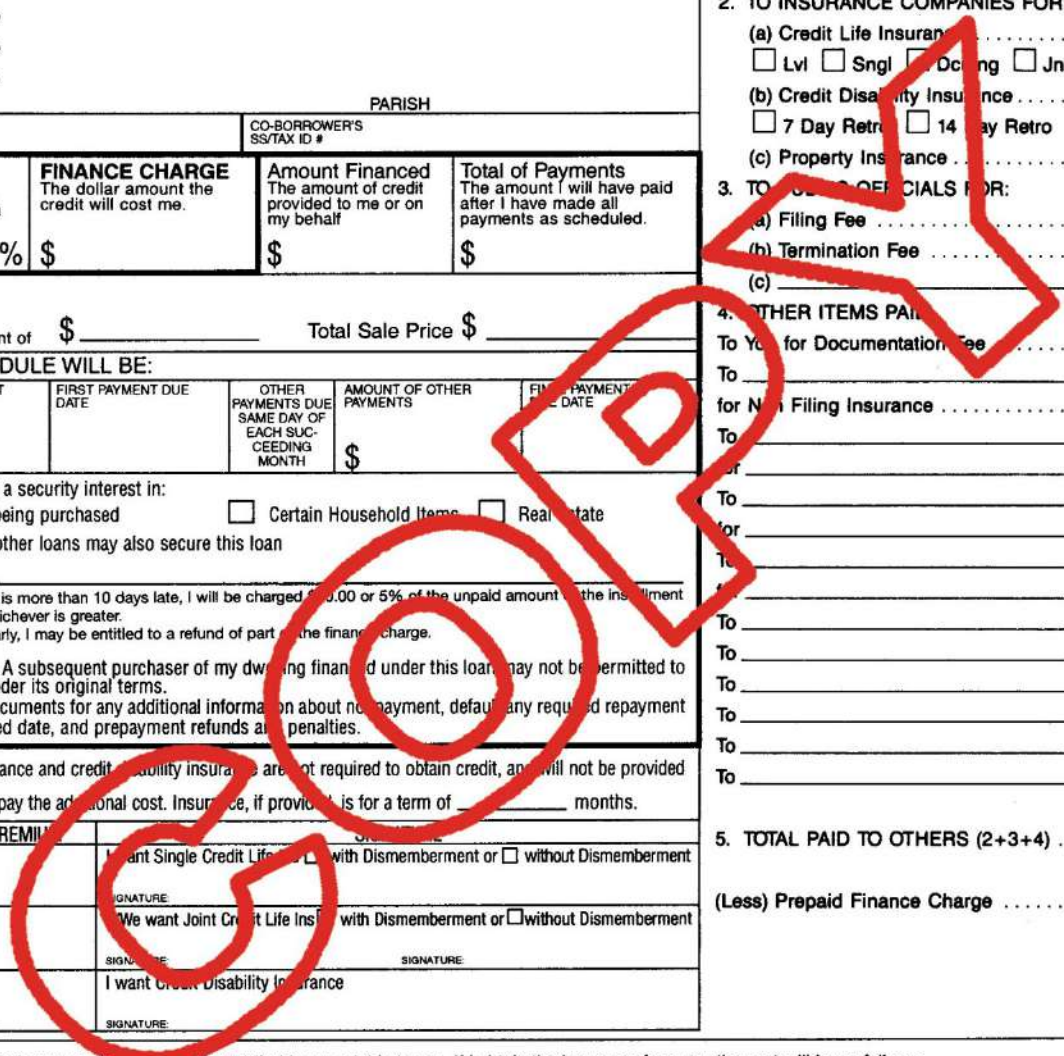
12. SEND ACKNOWLEDGMENT TO: (Name and Address)

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**COMBINATION PROMISSORY NOTE, SECURITY AGREEMENT AND TRUTH-IN-LENDING DISCLOSURE STATEMENT**  
(ONLY THOSE ITEMS WHICH ARE CHECKED OR COMPLETED ARE APPLICABLE)

LENDER— CREDITOR NAME & ADDRESS		1. ITEMIZATION OF THE AMOUNT FINANCED OF ..... \$ _____ Amount Given To Me Directly ..... \$ _____ Amount Paid On My Account ..... \$ _____ <b>AMOUNTS PAID TO OTHERS ON MY BEHALF:</b> (I understand and agree that you receive and retain a portion of certain of these amounts)																	
BORROWER'S NAME & ADDRESS CO-BORROWER		2. TO INSURANCE COMPANIES FOR: (a) Credit Life Insurance ..... \$ _____ <input type="checkbox"/> Lvl <input type="checkbox"/> Sngl <input type="checkbox"/> Decng <input type="checkbox"/> Jnt <input type="checkbox"/> Dsmbrmt (b) Credit Disability Insurance ..... \$ _____ <input type="checkbox"/> 7 Day Retro <input type="checkbox"/> 14 Day Retro (c) Property Insurance ..... \$ _____																	
ACCOUNT NO. DATE OF LOAN		3. TO OTHER OFFICIALS FOR: (a) Filing Fee ..... \$ _____ (b) Termination Fee ..... \$ _____ (c) ..... \$ _____																	
PARISH		4. OTHER ITEMS PAID TO YOU FOR DOCUMENTATION FEE ..... \$ _____ To ..... \$ _____ for Non Filing Insurance ..... \$ _____ To ..... \$ _____ To ..... \$ _____ To ..... \$ _____ To ..... \$ _____ To ..... \$ _____ To ..... \$ _____ To ..... \$ _____																	
BORROWER'S SS/TAX ID # CO-BORROWER'S SS/TAX ID #		5. TOTAL PAID TO OTHERS (2+3+4) ... \$ _____ (Less) Prepaid Finance Charge ..... (\$ _____)																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">ANNUAL PERCENTAGE RATE</th> <th style="width:15%;">FINANCE CHARGE</th> <th style="width:15%;">Amount Financed</th> <th style="width:15%;">Total of Payments</th> </tr> <tr> <td>The cost of my credit as a yearly rate.</td> <td>The dollar amount the credit will cost me.</td> <td>The amount of credit provided to me or on my behalf</td> <td>The amount I will have paid after I have made all payments as scheduled.</td> </tr> <tr> <td style="text-align: right;">%</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$</td> </tr> </table>		ANNUAL PERCENTAGE RATE	FINANCE CHARGE	Amount Financed	Total of Payments	The cost of my credit as a yearly rate.	The dollar amount the credit will cost me.	The amount of credit provided to me or on my behalf	The amount I will have paid after I have made all payments as scheduled.	%	\$	\$	\$	Total Sale Price The total cost of my purchase on credit, including my down payment of \$ _____ Total Sale Price \$ _____					
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<b>MY PAYMENT SCHEDULE WILL BE:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">NUMBER OF PAYMENTS</th> <th style="width:15%;">AMOUNT OF FIRST PAYMENT</th> <th style="width:15%;">FIRST PAYMENT DUE DATE</th> <th style="width:15%;">OTHER PAYMENTS DUE SAME DAY OF EACH SUCCEEDING MONTH</th> <th style="width:15%;">AMOUNT OF OTHER PAYMENTS</th> <th style="width:10%;">FINAL PAYMENT DUE DATE</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> </tr> </tbody> </table>				NUMBER OF PAYMENTS	AMOUNT OF FIRST PAYMENT	FIRST PAYMENT DUE DATE	OTHER PAYMENTS DUE SAME DAY OF EACH SUCCEEDING MONTH	AMOUNT OF OTHER PAYMENTS	FINAL PAYMENT DUE DATE		\$			\$					
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	\$			\$															
<b>Security:</b> I am giving you a security interest in: <input type="checkbox"/> Goods or property being purchased <input type="checkbox"/> Certain Household Items <input type="checkbox"/> Real estate <input type="checkbox"/> Collateral securing other loans may also secure this loan <input type="checkbox"/> Other (describe) _____																			
<b>Late Charge:</b> If a payment is more than 10 days late, I will be charged \$10.00 or 5% of the unpaid amount of the installment in default whichever is greater. <b>Prepayment:</b> If I pay off early, I may be entitled to a refund of part of the finance charge.																			
<input type="checkbox"/> <b>Assumption Policy:</b> A subsequent purchaser of my dwelling financed under this loan may not be permitted to assume this loan under its original terms. I should seem contract documents for any additional information about nonpayment, default, any required repayment in full before the scheduled date, and prepayment refunds and penalties.																			
<b>Insurance:</b> Credit life insurance and credit disability insurance are not required to obtain credit, and will not be provided unless I sign and agree to pay the additional cost. Insurance, if provided, is for a term of _____ months.																			
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Credit Disability		I want Credit Disability Insurance																	



I may obtain property insurance from anyone I want that is acceptable to you. If I obtain the insurance from you the cost will be as follows:  
 Certain Household Items Ins. Prem. \$ \_\_\_\_\_ for a term of \_\_\_\_\_ months. Motor Vehicle Ins. Prem. \$ \_\_\_\_\_ for a term of \_\_\_\_\_ months.  
**CHECK APPLICABLE BOXES FOR MOTOR VEHICLE COVERAGE:**  
 \$ \_\_\_\_\_ Deductible Collision  \$ \_\_\_\_\_ Deductible Comprehensive  Fire, Theft and Combined Additional Coverages  Towing and Labor  
 I may purchase Liability Insurance from you on the motor vehicle described herein for a cost of \$ \_\_\_\_\_ for a term of \_\_\_\_\_ months; including \_\_\_\_\_

A PORTION OF THE INSURANCE FEES MAY BE RETAINED BY THE SELLER. As stated above, "I", "Me" or "My" means all Borrowers; and "You" means the Lender named above.

**SECURITY AGREEMENT**

This loan is secured by the property listed and described below and located at the above address unless otherwise agreed by the parties hereto.

(a) Motor Vehicle(s):

NEW/USED	MAKE	MODEL	YEAR	SERIAL NO.	H.P.	BODY STYLE	COLOR	LICENSE NUMBER/YEAR

(b) Movable property described as follows:

(c) Other (describe fully)

BORROWER UNDERSTANDS AND AGREES THAT THE TERMS OF THE SECURITY AGREEMENT ON THE REVERSE SIDE HEREOF ARE A PART OF THIS AGREEMENT AS IF FULLY SET FORTH AT THIS POINT.

<b>CONTRACT RATE</b>	%	<b>PROMISSORY NOTE</b>	This Note shall be governed and construed under the Louisiana Act checked below.
		<b>NEGOTIABLE PAPER</b>	(A) <input type="checkbox"/> Louisiana Motor Vehicle Sales Finance Act (La. R.S. § 6:951, et seq.) (B) <input type="checkbox"/> Business or Commercial (La. R.S. § 9:3509)

FOR VALUE RECEIVED, the undersigned (whether one or more) jointly, severally and solidarily, promise to pay to the order of the Lender stated above the Total of Payments shown above, in equal consecutive monthly installments as shown above, until the full amount of this Note shall be paid. This first installment shall be due and payable on the first payment date shown above, and the following installments shall be due on the same date of each month thereafter, together with the final installment covering any unpaid balance, which final installment is due and payable on the final payment due date shown above, unless otherwise extended or deferred pursuant to the Louisiana Act checked above.

In the event that any installment payment under this Note is not paid in full within ten (10) days following its scheduled due date, a Delinquency Charge will be assessed equal to five (5%) percent of the unpaid amount of the installment in default, or \$10.00, whichever is greater.