

Open-End Credit Agreement Terms and Conditions

ASSIGNMENT OF THIS AGREEMENT. This Agreement and all sales slips on my account will be assigned to REGENCY FINANCE COMPANY, HOME OFFICE, HERMITAGE SQUARE, 3320 EAST STATE STREET, HERMITAGE, PA 16148, or its affiliates and subsidiaries. ALL PAYMENTS DUE UNDER THIS AGREEMENT SHALL BE PAID WHEN DUE TO ASSIGNEE AT ASSIGNEE'S ADDRESS. After the assignment of the Agreement, all rights and benefits of the Seller in this Agreement shall belong to and be enforceable by the Assignee.

Equal Credit Availability: The Ohio laws against discrimination require that all creditors make credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Debtor's BILLING RIGHTS
Keep This Notice For Future Use

This notice contains important information about the debtor's 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 of paper 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 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 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 3 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 did not 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 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 do not follow these rules, we cannot collect the first \$50.00 of the questioned amount, even if your bill was correct.

SPECIAL RULES FOR CREDIT PURCHASES.

If you have a problem with the quality of property or services that you purchased 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 \$50.00. These limitations do not apply if we own or operate the merchant, or if we mailed you the advertisement for the property or services.

Summary of important terms of the account	
Interest Rates and Interest Charges	
Annual Percentage Rate (APR) for Purchases	22.99%
Paying Interest	You will be charged interest on purchases from the date of the purchase.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard
Fees	
Annual Fee	None.
Penalty Fee: Late Charge	5% of the payment or \$5.00, which ever is less, but the late charge will not be less than \$1.00.
Payments	
Payment Due Date	Payments are due as indicated on your monthly statement issued for the account. Payments will be due on the same day every month.
How we calculate your Balance	We use a method called "average daily balance (including new purchases)." See your account Agreement for more details.
BILLING RIGHTS	Information on your rights to dispute transactions and how to exercise those rights is provided in your account Agreement.

LINE OF CREDIT. Seller shall make me/us ("Applicant/Co-Applicant") sales (\$50.00 minimum) under this account, if the amount owed, except current Finance Charges, is not more than the amount of credit I/we may use (my/our "Credit Limit"). In return, I/we shall pay the amount of those sales and other charges shown on my/our monthly statement. If this is a joint account, each of us acknowledges that we are, separately and together, liable to pay all sums due under this Agreement and to perform all obligations in this Agreement.

PROMISE TO PAY. I/we shall pay the amount I/we owe to Seller at Seller's business address or other address given to me/us. I/we shall pay monthly the minimum shown below. I/we promise to make at least the minimum payment due as shown below by the due date on the monthly statement which due date shall be the same day each month. By signing sales slips, I/we agree those sales will be controlled by this entire Agreement.

MINIMUM MONTHLY PAYMENT. The minimum payment will be 4% of the original balance rounded up to the nearest whole dollar amount, calculated after my/our most recent purchase or \$20, whichever is greater. This payment amount shall remain constant until my/our account is paid or I/we charge another purchase to my/our account.

PREPAYMENT RIGHT. I/we have the right to pay my/our entire balance in full or more than the minimum monthly payment at any time.

FINANCE CHARGES. Finance Charges are computed on my/our Average Daily Balance for each billing period. The Average Daily Balance is the total of the Balance Owed for all days in the billing period divided by the number of days in that period; the Balances Owed is (1) the unpaid Amount Financed of sales (including current sales), less (2) credits and payments received in the billing period. To determine any billing period's Finance Charges, multiply the Average Daily Balance by a monthly periodic rate of **1.9158% (22.99% ANNUAL PERCENTAGE RATE.)** Finance Charges begin to accrue on any purchase on the date the purchase is made, or, if later, on the date shown with the purchase on the monthly billing statement (but Seller reserves the right to correct any errors in the date). There is no grace period for new purchases. Finance Charges continue to accrue until there is no longer any balance subject to Finance Charges.

LATE CHARGES will be assessed on payments received more than 10 days after the payment due date ("Past Due Payment"). The late charge on all Past Due Payments will be 5.00% of the Past Due Payment or \$5.00, whichever is less, with a minimum late charge of \$1.00.

CHANGE OF TERMS. After execution of this Agreement by me/us, Seller may, at any time and to the extent not prohibited by law, change the Annual Percentage Rate on new purchases made after the date of notice given by mailed written notice in accordance with the law of the state of my/our residence and federal law to me/us at my/our last known billing address.

TREATMENT OF PAYMENTS. Each payment (except a down payment) is applied, in the following order, to unpaid (1) late charges, (2) Finance Charges, and (3) remaining unpaid balances.

DEFAULT. If I/we do not pay any payment due within 25 days after it is due, Seller may: (1) stop any additional sales on my/our account and (2) sue me/us for what I/we owe after notifying me/us of my/our right to bring my/our account up to date. In addition to any amounts outstanding under the account, I/we will pay Seller's actual court costs and reasonable attorney's fees.

Agreement will be assigned to Regency Finance Co. ("Assignee")

A married person may apply for individual credit. I am applying for (please check appropriate):

- JOINT CREDIT** with another person. Complete entire application
- INDIVIDUAL CREDIT.** Complete entire application except for information about co-applicant.

Completing all appropriate sections will enable us to process your application as quickly as possible.

CREDIT APPLICATION

Applicant's Name (First, Middle, Last)	
Applicant's Govt. Issued Photo I.D. Type & Number	
Issuing State or Other Issuing Authority	Exp. Date
Co-Applicant's Name (First, Middle, Last) <small>(Provide if you are applying for joint credit)</small>	
Co-Applicant's Govt. Issued Photo I.D. Type & Number	
Issuing State or Other Issuing Authority	Exp. Date

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING: This statement is submitted to obtain credit and to certify that all information herein is true and complete. Applicant/Co-Applicant agree(s) that information given by me/us may be verified and that credit references or verification may be given based on inquiries from other parties. If this application is granted, Applicant/Co-Applicant agree(s) to the terms of the Agreement and acknowledge(s) receipt of the Agreement by Applicant/Co-Applicant's use of the account. Applicant/Co-Applicant agree(s) that Assignee or Seller may at times obtain additional credit reports in connection with credit extended under this Agreement. Promises are Joint and Severable. If this is a joint application, each of you promises, separately and together, to pay all sums due under this Agreement and to perform all obligations in this Agreement. By signing, I/we acknowledge receipt of a copy of this Agreement and agree to the terms set forth therein. Terms and conditions of Agreement are set forth on pages 3 and 4.

Applicant's Signature: _____

Date: _____

Co-Applicant's Signature: _____

Date: _____

INFORMATION ABOUT APPLICANT

PLEASE PRINT CLEARLY

Street Address (No. P.O. Boxes)		
City	State	Zip Code
Social Security #	Date of Birth	
- -	/ /	
Applicant <input type="checkbox"/> Rent <input type="checkbox"/> Owns	Rent or Mortgage Payment	If Applicant owns or is buying: Home Value \$ Mortgage Balance \$
Time at Address	Home Phone	
Yrs Mos	()	
Mailing Address (If Different from Street Address)		
City	State	Zip Code
Employer	How Long	Salary
	Yrs Mos	\$ Per
Position	Work Phone	
	()	
Other Income: Income from alimony, child support, or separate maintenance payments need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.		
\$	Per	Source

INFORMATION ABOUT CO-APPLICANT

PLEASE PRINT CLEARLY

Street Address (Check if same as applicant <input type="checkbox"/>) (No. P.O. Boxes)		
City	State	Zip Code
Social Security #	Date of Birth	Home Phone
- -	/ /	()
Mailing Address (If Different from Street Address)		
City	State	Zip Code
Co-Applicant's Employer	How Long	Salary
	Yrs Mos	\$ Per
Position	Work Phone	
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