



P.O. Box 850
(806) 293-4212
Plainview, TX 79073-0850

INDIVIDUAL CREDIT APPLICATION

www.gebos.com

ACCOUNT NUMBER: _____

APPROVED BY: _____

CREDIT LIMIT: _____

Name _____

Home Address _____ City _____ State _____ Zip _____

Home Phone Number (____) _____ Work Phone Number (____) _____ Email: _____

How long at this address _____ Own _____ Rent _____ Lease _____ Other _____

Previous Address _____ How Long _____

Birthdate _____ Social Security Number _____ No. of dependents _____

Employed by _____
(Name and address of employer you work for or business you own.)

Since _____ Monthly salary \$ _____ Position (Rank) _____

Previous employer _____

Other income other than employment \$ _____

PROVIDE THE FOLLOWING INFORMATION IF THE APPLICANT IS RELYING ON SPOUSE'S INCOME FOR CREDIT:

Spouse's name _____

Birthdate _____ Social Security Number _____ No. of dependents _____

Spouse employed by _____

Since _____ Monthly salary \$ _____ Position (Rank) _____

Previous employer _____

Give names of your creditors to be used as credit references. Open Bal. Pd. in full

AUTHORIZED USERS:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

ANY CHANGES IN YOUR AUTHORIZED USERS MUST BE SENT IN WRITING TO GEBOS'S CORPORATE OFFICE. You are responsible for all charges made by the individuals indicated on the most recent authorized user list in our office.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I/we certify that the information has been supplied truthfully and accurately. I agree to pay all bills upon receipt of statement or as otherwise expressly agreed. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigating agency employed by such person, to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I have read and agree to all the terms and conditions of the credit agreement. TERMS AND CONDITIONS OF AGREEMENT ARE LISTED ON THE BACK OF THIS FORM.

Printed Name _____

Date of application ____/____/____

Signature _____
(Person first named on application)

Signature _____
(Spouse, only if joint application)

GEBO CREDIT CORPORATION and GEBO DISTRIBUTING CO., INC.
CHARGE ACCOUNT AGREEMENT

By signing, using, or requesting a charge account (collectively referred to hereinafter as "Account") from Gebo's ("Issuer"), charge account owner (collectively referred to hereinafter as "Account Holder") agrees as follows:

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| <p style="text-align: center;">Use</p> <p>1. Except as provided in paragraph 2, Account Holder is responsible for all credit extended by Issuer in connection with the Account, regardless of the credit limits or the party using the Account. Account Holder can use the Account to purchase goods and services from Gebo's retail stores only.</p> <p style="text-align: center;">Credit Limit</p> <p>2. Account Holder will be notified of their credit limit by the Issuer. The total amount of credit extended to Account Holder and the charges permitted to be assessed to Account Holder under this agreement must not exceed the credit limit. The credit limit may change by the agreement of the Issuer and the Account Holder. In the event that Account Holder requests an extension of credit that would result in the total balance being more than the credit limit, Issuer may (a) honor the request and permanently raise the credit limit, (b) honor the request but not permanently raise the credit limit, (c) honor the request and regard the amount of the extension of credit as immediately due, or (d) refuse to honor the request.</p> <p style="text-align: center;">Payment</p> <p>3. Account Holder will pay Issuer at the place indicated on the periodic statement all credit obligation under this agreement, including any finance charges assessed under the terms of this agreement. The entire amount of the credit obligation may be paid in full by Account Holder at any time. Account Holder must pay at least the minimum payment shown on each monthly statement. The minimum payment will be twenty dollars (\$20.00) or ten (10) percent of the balance each month, whichever is larger. Each payment must be made within 20 days after the current periodic statement date.</p> <p style="text-align: center;">Finance Charge on Purchases</p> <p>4. Account Holder will not be obligated to pay a finance charge if the entire balance of the billing statement is paid on or before the due date shown on the billing statement or if the previous balance was zero. In all other cases, a finance charge will be calculated by multiplying the average daily balance by the monthly periodic rate of 1.249 percent, corresponding to an annual percentage rate of 14.99 percent. Issuer can, with sixty (60) days written notice, raise or lower the interest rate at their discretion. NOTICE TO CONSUMER: UNDER TEXAS LAW, IF YOU CONSENT TO THIS AGREEMENT, YOU MAY BE SUBJECT TO A FUTURE RATE AS HIGH AS 24 PERCENT PER YEAR. The daily balance will be calculated by determining the beginning balance on each day during the billing period and adding any purchases and subtracting any payments received for that day. The average daily balance will be calculated by adding all the daily balances for each day during the billing period and dividing by the number of days in that billing period.</p> <p style="text-align: center;">Cash Advances</p> <p>5. There are no cash advances under this agreement.</p> <p style="text-align: center;">Annual Fee</p> <p>6. None</p> <p style="text-align: center;">Late Fee</p> <p>7. If an amount at least equal to the minimum payment is not paid on or before the twentieth (20th) day after the current periodic statement date, there will be a \$5.00 late fee for balances under \$100.00 and \$10.00 late fee for balances over \$100.00.</p> <p style="text-align: center;">Returned Check Fee</p> <p>8. Account Holder will be charged a fee of \$25.00 for each check or other instrument that is not honored at the bank or other financial institution on which the check was or other instrument is drawn.</p> <p style="text-align: center;">Account Holder's Duties</p> <p>9. Account Holder will promptly notify Issuer if the Account Holder's Account Number is stolen or misused. Issuer may revoke or suspend the Account Holder's Account at any time. Account Holder will not use the Account to obtain credit in excess of Account Holder's credit limits.</p> | <p style="text-align: center;">Default</p> <p>10. Any of the following events shall constitute a default under this agreement and require the immediate payment of all amounts due under this agreement:</p> <p>(a) Account Holder's failure to make any required payment by the due date under this agreement.</p> <p>(b) The total balance due under this agreement, including any purchases, cash advances, and finance charges, exceeds the credit limit.</p> <p>(c) Account Holder's failure to comply with any other term of this agreement.</p> <p>in the event of a default, Issuer may require Account Holder to pay all collection and court costs and reasonable attorney's fees.</p> <p style="text-align: center;">Credit Reports</p> <p>11. Issuer may request that credit reporting agencies provide credit history reports regarding Account Holder in connection with any extension or renewal of credit. After written request by Account Holder, Issuer will provide Account Holder with the names and addresses of all credit reporting agencies who provide credit history reports to Issuer in connection with any extension or renewal of credit to Account Holder. All transactions under this agreement, including the amount of credit extended, the balance outstanding at any time, and any failure to comply with the terms of this agreement, may be reported to credit reporting agencies.</p> <p style="text-align: center;">Amendments</p> <p>12. THE TERMS OF THIS AGREEMENT MAY BE AMENDED BY ISSUER AT ANY TIME BY PROVIDING NOTICE IN WRITING A MINIMUM OF 60 DAYS BEFORE THE DATE ON WHICH THE AMENDMENT BECOMES EFFECTIVE. ANY AMENDMENT WILL NOT REQUIRE THE WRITTEN CONSENT OF ACCOUNT HOLDER. IN THE EVENT THAT ACCOUNT HOLDER DOES NOT AGREE TO THE AMENDMENT, ACCOUNT HOLDER WILL NOTIFY ISSUER IN WRITING, AND PAY THE BALANCE UNDER THE TERMS OF AGREEMENT PRIOR TO THE AMENDMENT.</p> <p style="text-align: center;">Assignment</p> <p>13. Account Holder will not assign or transfer the Account without prior written consent of Issuer.</p> <p style="text-align: center;">Governing Law</p> <p>14. This agreement and any transactions under the agreement shall be governed by the laws of the state of Texas.</p> <p style="text-align: center;">Entire Agreement</p> <p>15. This agreement is the entire agreement between Issuer and Account Holder regarding the extension of credit from Issuer to Account Holder and supersedes all prior agreements between Issuer and Account Holder.</p> <p style="text-align: center;">Right of Buyer</p> <p>16. NOTICE TO BUYER: DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT YOU SIGN. KEEP THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS. YOU CAN REQUEST A COPY OF THIS AGREEMENT BY CONTACTING THE ISSUER AT 806-293-4212 EXT. 105</p> <p style="text-align: center;">Consumer Credit Commissioner</p> <p>17. TO CONTACT ISSUER ABOUT THIS ACCOUNT CALL 806-293-4212 EXT. 105. THIS AGREEMENT IS SUBJECT, IN WHOLE OR IN PART, TO TEXAS LAW THAT IS ENFORCED BY THE CONSUMER CREDIT COMMISSIONER, 2601 NORTH LAMAR BLVD., AUSTIN, TEXAS 78705-4207, (800) 538-1579; (512) 936-7600. WHO CAN BE CONTACTED RELATIVE TO ANY INQUIRIES OR COMPLAINTS.</p> <p style="text-align: center;">Billing Rights Summary - In Case of Errors or Questions About Your Bill:</p> <p>18. 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 P.O. Box 850, Plainview, Texas 79073-0850 as soon as possible. We must hear from you no later than sixty (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: (i) your name and account number; (ii) the dollar amount of the suspected error; (iii) 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 unsure about. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your questions, we cannot report you as delinquent or take any action to collect the amount you question.</p> |
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DISCLOSURE STATEMENT

Annual percentage rate for purchases	14.99%
Variable rate information	Your annual percentage rate may vary. The rate can be raised or lowered at Issuers discretion with a minimum of 60 days written notice. The maximum interest rate could be 24%.
Grace period for repayment of balances for purchases	You have twenty (20) days from the statement date to repay your balance before a finance charge on purchases will be imposed.
Method of computing the balance for purchases	Average Daily Balance including Current Transactions.
Annual Fees	NONE
Late Fees	\$5.00 on balances under \$100, \$10.00 on balances over \$100
Returned Check Fee	\$25.00
Minimum Finance Charge	\$1.00