



CP national

RETAIL INSTALLMENT CONTRACT

21952

PURCHASER (PRINT) FIRST NAME Chuck		MIDDLE INITIAL L	LAST NAME Meyer	DATE WANTED ASAP	DATE OF ORDER 6/25/80	ACCOUNT NUMBER 27268
SPOUSE FIRST NAME Marti		MIDDLE INITIAL E.	LAST NAME Meyer	SHIP TO (If other than Purchaser)		
STREET ADDRESS 1625 Tamera Dr.			APT. NO.	C/O	PHONE NO.	
CITY Klamath Falls, Oregon	STATE	ZIP CODE 97601	STREET ADDRESS			
CREDIT APPLICATION			CITY	STATE	ZIP CODE	

CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY.

<input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 883-1010		SOCIAL SECURITY NUMBER 543-58-0989		NO. OF DEPENDENT CHILDREN 1		HOW LONG THIS ADDRESS 0 YRS 3 MOS		<input checked="" type="checkbox"/> BUYING <input type="checkbox"/> RENTING		<input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> APARTMENT		<input type="checkbox"/> CONDOMINIUM <input type="checkbox"/> MOBILE HOME	
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME Klamath First Federal - S. 6th St. Branch, Klamath Falls		STREET ADDRESS Ore. 97601		CITY Ore. 97601		STATE & ZIP CODE Ore. 97601		MONTHLY MORTGAGE OR RENT PAYMENT \$ 371.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS 1441 N. 7th, Springfield, Ore. 97477 4/22/77 to 3/17/80	
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input checked="" type="checkbox"/> EMPLOYED BY Molatore, Gerbert, Rusth & Co. Accountant		POSITION OR OCCUPATION Accountant		INCOME \$1,833		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		STREET ADDRESS 626 S. 7th St. Klamath Falls, Or. 97601		CITY Klamath Falls, Or. 97601		STATE & ZIP CODE Or. 97601	
HOW LONG YRS. 6 MOS		EMPLOYER'S PHONE 882-2575		PAY DAYS End of Month		GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS Molatore, Gerbert, Rusth & Co, Eugene, Oregon office - 1½ yrs.		<input type="checkbox"/> SPOUSE'S <input type="checkbox"/> CO-SIGNER'S		EMPLOYER N/A		INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER ➔	
STREET ADDRESS 626 S. 7th St. Klamath Falls, Or. 97601		CITY Klamath Falls, Or. 97601		EMPLOYER'S PHONE 882-2575		POSITION OR OCCUPATION Accountant		INCOME \$1,833		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		SOURCES OF OTHER INCOME None	
BANK Wells Fargo		IF Yes		ACCOUNT NO. 123456789		BRANCH Main		INCOME \$1,833		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		SOURCES OF OTHER INCOME None	

BANK ACCOUNT	<input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME OF BANK Western Bank - S 7th St.	STREET ADDRESS Klamath Falls	CITY Klamath Falls	\$ MONTH
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)					
	NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
1. AUTO LOAN				\$	\$
2.		N/A		\$	\$
3.				\$	\$

DESCRIPTION				TERMS OF SALE	
CEILING INSULATION	New <input type="checkbox"/>	Add-On <input checked="" type="checkbox"/>		1. LIST PRICE	\$ 1077.00
1460 sq. ft.	R-Value 30@	Bid per sq. ft.	380.00	2. SALES TAX	\$ 0
SIDEWALL INSULATION				3. SHIPPING & HANDLING	\$ 0
sq. ft.	R-Value @	per sq. ft.		4. CASH PRICE (1+2+3)	\$ 1077.00
Install windows per bid				5. CASH DOWN PAYMENTS	
Less excess paid by customer \$1,097.20)			680.00	PART A — Paid with order	\$ 17.00
				PART B — To be paid on delivery (C.O.D.)	
				Tax \$	
				Plus \$ = \$	0
Application and Lien filing fee			17.00	6. TOTAL DOWN PAYMENT (PARTS 5A + 5B)	\$ 17.00
				7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE)	\$ 1060.00
				8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5 %	\$ 184.40
				9. TOTAL OF PAYMENTS (7 + 8)	\$ 1244.40
				10. DEFERRED PAYMENT PRICE (4 + 8)	\$ 1261.40
				PAYABLE IN 60 EQUAL MONTHLY	
LIST PRICE				1077.00	
DELIVERY DATE		<input type="checkbox"/> CASH <input type="checkbox"/> 3-PAY <input checked="" type="checkbox"/> BUDGET			

NOTICE TO CUSTOMER: (1) Do not sign this before you read it or if it contains any blank spaces. (2) You are entitled to an exact copy of any agreement you sign. (3) You have the right at any time to pay in advance the unpaid balance due under this agreement and you may be entitled to a partial refund of the finance charge computed as of the installment date nearest the date of prepayment based upon the Rule of 78. No refund of less than \$1.00 will be made. (4) You, the buyer, may cancel this transaction at any time prior to midnight of the fourth business day after the date of this transaction. See the attached notice of cancellation form for an explanation of this right. (5) This contract is also a notice of intent to lien at any time CP national should deem necessary.

ADDITIONAL TERMS OF CONTRACT ON REVERSE SIDE

(PRINT) SALESMAN'S NAME

ROBERT P. HARDIMAN

ACCEPTED & EXECUTED FOR CP national

BY: J. E. Beam DATE: 7/15/80
STATE OF OREGON; COUNTY OF KLAMATH: ss.

I hereby certify that the within instrument was received and filed for record on the

12th day of November A.D., 1980 at 2:44 o'clock P M., and duly recorded in

Vol M80 of Mortgages on page 21951.

1 (we) have read this contract and hereby acknowledge receipt of
2 fully completed copies and 2 detachable notices of cancellation.
1 (we) warrant that all information supplied are complete and
accurate.

Purchaser's
Signature Charles L. Meyer

Spouse's
Signature _____

Co-Signer's
Signature _____

Purchaser agrees to pay a delinquency charge of 1 1/4% of the unpaid amount of any installment when any such installment is unpaid for 10 days or more after its due date.

WM. D. MILNE, County Clerk