

SELLER: <div>CP</div>		CPnational		RETAIL INSTALLMENT CONTRACT		21969					
PURCHASER (PRINT) FIRST NAME JOHN			MIDDLE INITIAL —	LAST NAME MURMALO		DATE WANTED ASAP		DATE OF ORDER 5-21-80		ACCOUNT NUMBER 27227	
SPOUSE FIRST NAME MARJORIE			MIDDLE INITIAL E.	LAST NAME MURMALO		SHIP TO (if other than Purchaser)					
STREET ADDRESS 4948 GATEWOOD DR						APT NO			C O		
CITY KLAMATH FALLS						STATE OREGON			ZIP CODE 97601		
CREDIT APPLICATION						ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY					
<input checked="" type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 883-2145			SOCIAL SECURITY NUMBER 573-36-0462		NO OF DEPENDENT CHILDREN 0		HOW LONG THIS ADDRESS 1 YRS 0 MOS		<input checked="" type="checkbox"/> BUYING <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM		
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER			NAME EQUITABLE SAVINGS		STREET ADDRESS SO. 6 TH		CITY KLAMATH FALLS		STATE & ZIP CODE OREGON 97601		
MONTHLY MORTGAGE OR RENT PAYMENT \$ 173 ⁰⁰			GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS		13627 E. FELSON CERRITOS CAL. 90701						
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY			CITY RETIRED			POSITION OR OCCUPATION RETIRED			INCOME \$1000 ⁰⁰ <input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH		
STREET ADDRESS			CITY			STATE & ZIP CODE			HOW LONG YRS MOS		
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS			FEDERAL RESERVE BANK OF S.F. LOS ANGELES BRANCH (224R3) 409 W-OLYMPIC BLVD LOS ANGELES CALIF.								
<input checked="" type="checkbox"/> SPOUSE'S			EMPLOYER								

SELLER:



CP National

RETAIL INSTALLMENT CONTRACT

21960

PURCHASER (PRINT) FIRST NAME JOHN		MIDDLE INITIAL —	LAST NAME MURMALO	DATE WANTED ASAP	DATE OF ORDER 5-21-80	ACCOUNT NUMBER 27227
SPOUSE FIRST NAME MARJORIE		MIDDLE INITIAL E.	LAST NAME MURMALO	SHIP TO (If other than Purchaser)		
STREET ADDRESS 4948 GATEWOOD DR				C/O		PHONE NO
CITY KLAMATH FALLS		STATE OREGON	ZIP CODE 97601	STREET ADDRESS		
				CITY	STATE	ZIP CODE

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

<input checked="" type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST (503) 883-2145		SOCIAL SECURITY NUMBER 573-36-0462	NO. OF DEPENDENT CHILDREN 0	HOW LONG THIS ADDRESS 1 YRS 0 MOS	<input checked="" type="checkbox"/> BUYING <input checked="" type="checkbox"/> HOUSE <input type="checkbox"/> CONDOMINIUM	<input type="checkbox"/> RENTING <input type="checkbox"/> APARTMENT <input type="checkbox"/> MOBILE HOME
<input type="checkbox"/> LANDLORD OR <input checked="" type="checkbox"/> MORTGAGE HOLDER		NAME EQUITABLE SAVINGS				
MONTHLY MORTGAGE OR RENT PAYMENT \$ 173.00		GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS 13627 E-FELSON CERRITOS CAL 90701				
PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY		POSITION OR OCCUPATION RETIRED		INCOME \$1000.00		<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH
STREET ADDRESS 409 W-OLYMPIC BLVD LOS ANGELES CALIF.		CITY LOS ANGELES	STATE & ZIP CODE CALIF. 90003	HOW LONG YRS. MOS.	EMPLOYER'S PHONE	PAY DAYS
GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS FEDERAL RESERVE BANK OF SF LOS ANGELES BRANCH (224R3)						

<input checked="" type="checkbox"/> SPOUSE'S	EMPLOYER O-I.T. Food Service	INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER → MAY 27th 1980	
<input type="checkbox"/> CO-SIGNER'S	STREET ADDRESS CAMPUS DR.	CITY KLAMATH FALLS	EMPLOYER'S PHONE 8826321
SOURCES OF OTHER INCOME		POSITION OR OCCUPATION COOK'S HELPER	INCOME \$594.00
			<input type="checkbox"/> WEEK <input checked="" type="checkbox"/> MONTH

BANK ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVING	NAME OF BANK 1ST NATIONAL BANK OF OREGON	STREET ADDRESS S. 6th ST BRANCH	CITY KLAMATH FALLS ORE
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)			

1. AUTO LOAN	NAME	STREET ADDRESS	CITY & STATE	PRESENT BALANCE	MONTHLY PAYMENT
2.	MONTGOMERY WARD CO	SHASTA PLAZA	KLAMATH FALLS OR	\$1200.00	\$64.00
3.					

DESCRIPTION		TERMS OF SALE
CEILING INSULATION	New <input type="checkbox"/> Add-On <input checked="" type="checkbox"/>	1. LIST PRICE \$ 1982
1464 sq. ft.	R-Value 30 @ BID per sq. ft.	2. SALES TAX \$ -0-
FLOOR		3. SHIPPING & HANDLING \$ -0-
SIDEWALL INSULATION, GROUND COVER & INSUL PIPES		4. CASH PRICE (1+2+3) \$ 1982
sq. ft. 1464	R-Value 19 @ BID per sq. ft.	5. CASH DOWN PAYMENTS
INSTALL STORM WINDOWS PER BID		PART A -- Paid with order \$ 17.00
APPLICATION AND LEIN FILING FEE		PART B -- To be paid on delivery (C.O.D.)
		Tax \$ -0-
		Plus \$ -0- = \$ -0-
		6. TOTAL DOWN PAYMENT (PARTS 5A + 5B) \$ 17.00
		7. AMOUNT FINANCED (4-6) (UNPAID BALANCE OF CASH PRICE) \$ 1965.00
		8. FINANCE CHARGE ANNUAL PERCENTAGE RATE 6.5 % \$ 342.00
		9. TOTAL OF PAYMENTS (7 + 8) \$ 2307.00
		10. DEFERRED PAYMENT PRICE (4 + 8) \$ 2324.00
		PAYABLE IN 60 EQUAL MONTHLY PAYMENTS \$ 38.45 EACH, PLUS A FINAL \$ -0- PAYMENT.
		FIRST PAYMENT DUE ON OR ABOUT 30 DAYS AFTER DELIVERY AND MONTHLY THEREAFTER.
		FINANCE CHARGE APPLIES FROM 30 DAYS PRIOR TO FIRST PAYMENT DUE DATE.
		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.
	LIST PRICE 1982	

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: **[Signature]** DATE: **5-21-80**

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., 19**80** at **2:44** o'clock **P** M., and duly recorded in

Vol **M80** of **Mortgages** on page **21959**

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

Purchaser's Signature **[Signature]**
Spouse's Signature **[Signature]**
Co-Signer's Signature **[Signature]**