

January 2, 2020

CAMERON, PATRICK
1756 CASSIDY COURT
CAMANO ISLAND, WA 98282

Account Number: 203-142661

Payment Amount: \$ 240.11

Payment Date: 4TH

Beginning: 02/04/2020

Vehicle: 2005 SUBARU IMPREZA

Welcome to Credit Concepts of Washington LLC. We are pleased to be handling the financing on your recent vehicle purchase. We accept cash, checks, money orders and debit cards. We are also able to accept checks by phone and debit cards by phone, or for your convenience, online at www.creditconcepts.com, there is a \$7.00 processing fee on these payments. Checks returned from the bank will be charged a \$20.00 fee payable immediately. Payments may be made in person Monday through Friday 8:30 a.m. to 5:30 p.m. or mailed to:

Credit Concepts of Washington LLC
23632 Highway 99
Suite V
Edmonds, WA 98026

Please do not hesitate to call us at 425-563-6950 or toll free at 1-866-559-8979 with any questions or concerns regarding your account. Thank you for your business. We look forward to meeting you.

Sincerely,
Credit Concepts of Washington LLC

FACTS**WHAT DOES CREDIT CONCEPTS DO WITH YOUR PERSONAL INFORMATION?**

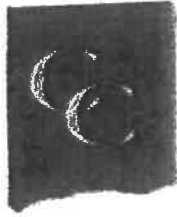
Why?	Financial companies choose how they share your personal information. Federal law gives consumers the right to limit some but not all sharing. Federal law also requires us to tell you how we collect, share, and protect your personal information. Please read this notice carefully to understand what we do.
What?	The types of personal information we collect and share depend on the product or service you have with us. This information can include: <ul style="list-style-type: none"> ▪ Social Security number and Income ▪ Account balances and payment history ▪ Credit history and credit scores
How?	All financial companies need to share customers' personal information to run their everyday business. In the section below, we list the reasons financial companies can share their customers' personal information; the reasons Credit Concepts chooses to share; and whether you can limit this sharing.

Reasons we can share your personal information	Does Credit Concepts inc. share?	Can you limit this sharing?
For our everyday business purposes— such as to process your transactions, maintain your account(s), respond to court orders and legal investigations, or report to credit bureaus	Yes	No
For our marketing purposes— to offer our products and services to you	Yes	No
For joint marketing with other financial companies	No	We don't share
For our affiliates' everyday business purposes— information about your transactions and experiences	Yes	No
For our affiliates' everyday business purposes— information about your creditworthiness	Yes	Yes
For our affiliates to market to you	Yes	Yes
For nonaffiliates to market to you	No	We don't share

To limit our sharing	<ul style="list-style-type: none"> ▪ Call 888-301-1043 —our menu will prompt you through your choice(s) ▪ Visit us online www.creditconcepts.com <p>or</p> <ul style="list-style-type: none"> ▪ Mail the form below <p>Please note: If you are a <i>new</i> customer, we can begin sharing your information 30 days from the date we sent this notice. When you are <i>no longer</i> our customer, we continue to share your information as described in this notice. However, you can contact us at any time to limit our sharing.</p>
Questions?	Call 888-301-1043 or go to www.creditconcepts.com

Mail-in Form

Leave Blank OR If you have a joint account, your choice(s) will apply to everyone on your account unless you mark below. <input type="checkbox"/> Apply my choices only to me	Mark any/all you want to limit: <input type="checkbox"/> Do not share information about my creditworthiness with your affiliates for their everyday business purposes. <input type="checkbox"/> Do not allow your affiliates to use my personal information to market to me.								
	<table border="1"> <tr> <td>Name</td> <td>_____</td> <td rowspan="4"> Mail to: Credit Concepts, 220 W.7th Ave. Eugene, OR. 97401 </td> </tr> <tr> <td>Address</td> <td>_____</td> </tr> <tr> <td>City, State, Zip</td> <td>_____</td> </tr> <tr> <td>Account #</td> <td>_____</td> </tr> </table>	Name	_____	Mail to: Credit Concepts, 220 W.7 th Ave. Eugene, OR. 97401	Address	_____	City, State, Zip	_____	Account #
Name	_____	Mail to: Credit Concepts, 220 W.7 th Ave. Eugene, OR. 97401							
Address	_____								
City, State, Zip	_____								
Account #	_____								



**CREDIT
CONCEPTS**

www.creditconcepts.com

Notice of Reporting Negative Information

NOTICE OF NEGATIVE INFORMATION

Federal law requires us to provide the following notice to members before any "negative information" may be furnished to a nationwide consumer reporting agency. "Negative information" includes information concerning delinquencies, overdrafts or any form of default. This notice does not mean that we will be reporting such information about you, only that we may report such information about members that have not done what they are required to do under our agreement.

After providing this notice, additional negative information may be submitted without providing another notice.

We may report information about your account to credit bureaus. Late payments, missed payments or other defaults on your account may be reflected in your credit report.



CREDIT CONCEPTS of Washington LLC

425.563.6950 Tel

425-563-6948 Fax

23632 HWY 99 Suite #V, Edmonds, WA, 98026

Credit Concepts Auto Insurance Policy

As part of your installment contract, please remember that keeping full coverage insurance on your vehicle is required throughout the life of your loan. Deductibles on comprehensive and collision can be no higher than \$500 each. Under NO circumstances is liability accepted.

If you switch your insurance policy to another carrier, please ensure that the new agent is aware there is a lienholder on the vehicle. The name and address of the lienholder should read:

Credit Concepts of Washington LLC
23632 Hwy 99 Suite V
Edmonds WA 98026

Please have all policy changes faxed to (425)563-6948 Attn: Insurance

**FAILURE TO CARRY FULL COVERAGE INSURANCE IS A VIOLATION OF
YOUR CONTRACT AND COULD POSSIBLY RESULT IN THE
REPOSSESSION OF YOUR VEHICLE.**

If you have any questions regarding this policy, please contact us at (425)563-6950.

MONTHLY CHECKING WITHDRAWAL FORM

Acct#: _____ Payment Date: _____

Payment Amount: \$ _____ + \$7.00 fee = _____

This is your authorization to write a check on my account each month for the duration of my contract. This will start with my first payment as stated on my welcome letter and will end as stated on my contract provided by the selling dealership.

I understand there will be a \$7.00 charge for each electronic check written. I also agree this is cancelable only in writing to Credit Concepts, 220 W. 7th Ave. Eugene, OR 97401.

There will be a \$25.00 NSF fee for any checks returned.

Please make a copy of this agreement for your records and send the original to Credit Concepts.

Please send a "VOIDED" check with this form.

Date: _____

Signature

Print Name

MONTHLY DEBIT CARD WITHDRAWAL FORM

Acct#: _____ Starting Date: _____

Payment Amount: \$ _____ + \$4.00 fee = _____

This is your authorization to take my payment from my debit /credit card each month for the duration of my contract. This will start with my first payment as stated on my contract and will end as stated on my contract.

I understand there will be a \$4.00 charge for each debit transaction. I also agree this is cancelable only in writing to Credit Concepts, 220 W. 7th Ave. Eugene, OR 97401.

There will be a \$25.00 fee for any charge backs.

Please make a copy of this agreement for your records and send the original to Credit Concepts.

I understand to start this I must sign this agreement first and send it in to Credit Concepts. Credit Concepts will contact you to set up the debit/credit card info as Credit Concepts does not keep or write down any debit/credit card info.

Date: _____

Print Name

Signature

Please **DO NOT** write your card info on this form.