



CONSUMER PRODUCT DISCLOSURE

Application No. _____

Our extension of credit to you is based on your credit worthiness, your ability to repay, your character, and appropriate collateral when necessary.

You are not required to:

1. Purchase an insurance product from us.
2. Obtain or prohibited from obtaining an insurance product from an unaffiliated entity as a condition to receive an extension of credit from PEOPLES CREDIT, INC.

The insurance products offered to you are:

1. Not a deposit
2. Not FDIC insured
3. Not guaranteed by PEOPLES CREDIT, INC. or a bank
4. Not insured by any federal or government agency

I have received a copy of this disclosure and understand the above disclosure and it is a part of my loan file with PEOPLES CREDIT, INC.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Application No: _____

PRIVACY POLICY:

The undersigned acknowledges that they have received a copy of PEOPLES CREDIT, INC. privacy policy and privacy policies for any other applicable insurance products sold.

Date

Date

NOTICE TO BORROWERS:

Where a loan is secured by a vehicle / other collateral (s), PEOPLES CREDIT, INC. normally requires borrower(s) to provide proof of collision and comprehensive insurance coverage on vehicle(s)/ other collateral with deductible amounts not to exceed \$500.

Date

Date

KEY AUTHORIZATION:

The undersigned borrower(s) hereby authorize PEOPLES CREDIT, INC. to hold a copy of the keys to any vehicle(s) held as collateral on my loan.

Date

Date

LENDERS SINGLE INTEREST INSURANCE:

Lenders single interest insurance, if written in connection with this loan, may be obtained from any person of the buyer's choice. If this insurance is obtained through the lender the cost will be \$150.00. This insurance protects only the lenders interest and you are required to carry insurance to protect your interest.

Date

Date

FAIR CREDIT REPORTING ACT DISCLOSURE

The undersigned borrower acknowledges receipt of the FAIR CREDIT REPORTING ACT DISCLOSURE as stated below.

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.

Date

Date



AGREEMENT TO PROVIDE ACCIDENTAL PHYSICAL DAMAGE INSURANCE

To provide protection against serious financial loss should an accident or damage occur, I understand that the installment contract requires that the vehicle be continuously covered with insurance against the risks of fire, theft and collision, and that failure to provide such insurance gives the Lender the right to declare the entire unpaid balance immediately due and payable. Accordingly, I have arranged for the required insurance through the insurance company shown below and have requested that the policy contain a loss payable endorsement in favor of:

APPLICATION: _____
LENDER NAME: **PEOPLES CREDIT, INC**
ADDRESS: **115 E. SOUTH ST / P.O. BOX 241 PLANO, IL 60545**

NAMED INSURED:

Name: _____ Phone: _____
Address: _____ City: _____ State: **IL** zip _____

VEHICLE INSURED:

Year Make Body Model VIN

INSURANCE AGENT:

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

INSURANCE COMPANY:

Name: _____ Policy: _____ Period: _____
 Fire Theft Ded: _____
 Comp _____
 Collision _____

Date

DEALER CONFIRMATION:

Agency: Insurance Co: Lender Loss Payee: Yes: No:
Person Contacted: _____ Confirmed By: _____ Date: _____

Dealer/Salesperson Signature

Dealer

**NON-ENGLISH LANGUAGE TRANSACTION FORM
USE OF DEALER AS INTERPRETER**

In accordance with the Illinois Consumer Fraud and Deceptive Business Practices Act (rev 2001) this form must be completed if a person conducts, in a language other than English, a retail transaction or negotiations related to a retail transaction resulting in a written contract, and the retailer or an employee of the retailer acted as the consumers interpreter in conducting the transaction or negotiations, the retailer must have the consumer sign this form. This form shall be in the consumer's native language, except when that language cannot be written; then the form shall be in English.

This retail transaction or these negotiations were conducted in _____ (language), which is my native language. I voluntarily choose to have the Retailer act as my interpreter during the negotiations. The obligations of the contract or other agreement were explained to me in my native language. I understand the contract or other written agreement.

Signature of consumer

Signature of Retailer

Signature of consumer

Signature of Retailer

Name of Dealership

Date

WAIVER OF NON-ENGLISH LANGUAGE TRANSACTION FORM

This retail transaction or these negotiations were conducted in English (language), I voluntarily choose to have the Retailer explain and negotiate the terms of this transaction in the aforementioned language. The obligations of the contract or other written agreement were explained to me in said language. I understand the contract or other written agreement.

Signature of consumer

Signature of Retailer

Signature of consumer

Signature of Retailer

Name of Dealership

Date

EL USO NO-inglés de la FORMA de la TRANSACCION del IDIOMA DE el CERCIANTE COMO INTERPRETE

De acuerdo con el Illinois el Fraude de consumo y Prácticas empresariales Engañosas Actúan (revolucion. 2001), esta forma debe ser completada si una persona realiza, en un idioma de otra manera que inglés, una transacción de la venta al por menor o negociaciones relacionadas a una transacción de la venta al por menor que tiene como resultado un contrato escrito, y el detallista o un empleado del detallista actuaron como el intérprete de consumidor a realizar la transacción o las negociaciones, el detallista debe tener al consumidor firma esta forma. Esta forma estara en el lenguaje nativo del consumidor, al menos cuando ese idioma no puede ser escrito; entonces la forma será en inglés.

Esta transacción de la venta al por menor o estas negociaciones fueron realizados en _____ (language), que es mi lenguaje nativo. Escojo voluntariamente tener el acto de Detallista como mi intérprete durante las negociaciones. Las obligaciones del contrato u otro acuerdo escrito fueron explicadas a mí en mi lenguaje nativo. Entiendo el contrato u otro acuerdo escrito.

La Firma _____ de Firma de consumo
de detallista

La Firma _____ de Firma de consume
de detallista

El Nombre _____ de la Fecha de Venta

Disclosure Statement and Agreement for Installation of a Starter Interrupt and GPS Device

ADDENDUM TO A RETAIL INSTALLMENT CONTRACT DATED: _____

Application No: _____

BETWEEN You
And Buyer ("Buyer") (Co-Buyer)
(Dealership)

For a Vehicle
Year Make Model VIN

This Disclosure Statement and Agreement for Installation of a Starter Interrupt and GPS Device ("the Agreement") is an addendum to the Motor Vehicle Retail Installment Contract (the "Contract") you signed in connection with your purchase of the vehicle described above ("the Vehicle"). You ("you") understand the Vehicle is equipped with a starter interrupt and GPS Device (the "Device"). Buyer acknowledges that this Agreement and the Contract may be assigned as permitted by law.

PLEASE READ AND SIGN BELOW TO INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE FOLLOWING TERMS AND THE CONSEQUENCES OF FAILING TO MAKE PAYMENTS ARE REQUIRED BY THE CONTRACT.

- 1) You understand that the installation of the Device may be a material condition in order for the Dealership to finance the purchase of the Vehicle. You further understand that you may be able to purchase a vehicle from another dealership without the installation of such a Device.
- 2) You understand that the Device is the property of the holder of the Contract.
- 3) You understand that altering, disconnecting, removing or tampering with the Device will be considered a default under this Agreement and the Contract.
- 4) You may be liable for the cost to repair or replace the Device, and to repair or replace parts of the Vehicle if you tamper, alter, disconnect, or remove the Device from the Vehicle.
- 5) You understand that if the holder of the Contract does not receive payment as required by the terms of the Contract, or you have breached the terms of the Contract, the starter interrupt and GPS Device on the Vehicle may be activated. If the starter interrupt is activated you will not be able to restart the vehicle until you have made the payment and/or satisfied the terms of the Contract that were breached. Payment may be paid in cash, certified or cashier's check, wire transfer or other approved electronic transfer to continue operation of the Vehicle as follows: a) if by mail the payment must be made to holder of the Contract. b) in person at a designated payment center or, c) By approved electronic means. If payment is made any other way, holder of the Contract, may refuse to enable the Vehicle until it receives confirmation that the funds have cleared. Once payment in collected funds is received by holder of the Contract the Vehicle will be enabled. This is not intended to serve as a waiver of any rights the holder of the Contract has under the Contract or the Uniform Commercial Code of the state whose law governs this Agreement pertaining to default or repossession nor does it create any additional right to cure which you might have under such law or the Contract (if any).
- 6) **Emergency Starting – You have a one-time Bypass code of 1 1 1**
This will allow you to start the vehicle and move to a safe location. This code can be used only once.
- 7) You understand that the Dealership may assign its rights, title and interest in the Contract at any time as permitted by law. The assignment of the Contract will not in any way affect the terms or conditions of this Agreement.
- 8) You understand that only the holder of the Contract or its authorized representatives, are permitted to perform maintenance on the Device or any of its components. Should maintenance or repair to be the Device be required, you agree to make the Vehicle available during normal business hours to dealership or assignee. You understand that the holder of the Contract has full responsibility for the cost of repairs to the Device, except for repairs caused by your tampering with, altering, disconnecting, or removing the Device.
- 9) Upon satisfying all the requirements of the Contract and it is "Paid in Full", you agree to make the Vehicle available at a place designated by the holder of the Contract and the holder of the Contract will remove the Device at the holder of the Contract expense. You may purchase the Device for \$ 169 from the holder of the contact when the contact is paid in full
- 10) You acknowledge that you have not been charged, nor have you paid any fee or charge to the holder of the Contract relating to the initial installation of the Device.
- 11) You acknowledge that you have received a copy of the **emergency starting procedures** in case of an emergency that requires you to be able to temporarily restart the vehicle after it has been disabled.

NOTICE TO BUYER: Do not sign this Agreement without reading it first. By signing below, you acknowledge that you have been given the opportunity to read this Agreement prior to signing the Contract and have had any questions regarding the Device answered to your satisfaction. This Agreement is hereby incorporated by reference into the Contract.

Buyer X _____ Co-Buyer X _____

Dealer X _____
Authorized Dealership Representative

EMERGENCY STARTING PROCEDURES

Application No: _____

To use the **Bypass Code** the person with the vehicle must start by turning the key in the ignition one time, as if attempting to start the vehicle. He/she will hear a loud constant beep. At the end of that beep you will hear two short, quick sounding beeps. **As soon** as you hear these two short beeps you must turn the key in the ignition the amount of times corresponding with the first digit in the **Bypass Code**. The key must be turned as if you are starting the car and then let the spring mechanism bring it back to its original position prior to the turn. You must turn the key the appropriate amount of times **before** the next beep sounds. After you complete the first number in the **Bypass Code** you will hear another short beep, turn the key in the ignition corresponding to the second number in the bypass code. Follow the same procedure for the third digit (**Bypass Code** will always contain 3 numbers). After the third number has been completed you will hear more **three** beeps (they sound different) and afterwards, you should be able to start the car normally. If you hear a **long constant** beep (lasting 5-10 seconds) you know that it was done incorrectly and must be repeated from the beginning. If this is the case, give the car a 30 second break before attempting again.

If at any point during your attempt to start the vehicle you enter one of the codes incorrectly you will **not** hear the three distinctive beeps at the end. There will be a long constant beep that should last for about half the time the initial long constant beep played for. This will let you know that it was done **incorrectly** and once it is done sounding you may try again. Before commencing the code you must always hear the long beep followed by the two shorter less prominent beeps otherwise the device still believes it is still on its previous attempt. Leave it alone for twenty seconds and try again.

Example: **Bypass Code** is 325. Owner of vehicle turns the key in the ignition once and releases. Initial prolonged beep will ensue. Afterwards the two shorter beeps will sound and the vehicle owner must turn the key (rather quickly, before the next beeps are heard) and release it as if starting the car **3** times. As soon as the next beeps sound the key must be turned **2** more times (quickly and before the next beeps come). You will hear the distinctive beeps again and as soon as you do, turn the key in the ignition five times (quickly). If it is done correctly you will hear 3 different sounding beeps at the end and once you do, wait just a moment and start the vehicle normally.

I/We have received a copy of this form:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Dealer X _____

Date _____



115 E. South St., POB 241
Plano, IL 60545
Ph. 630-552-7974
Fax. 630-552-7938

Application No: _____

NOTICE TO BORROWERS

IF YOU EVER HAVE TROUBLE WITH YOUR CAR BEING TOWED FOR ANY REASON, INCLUDING A CAR ACCIDENT, TICKETS OR OTHER LEGAL MATTERS, WE WILL HELP YOU GET YOUR CAR FROM THE TOWING COMPANY OR THE POLICE.

WE WILL HELP!!

PLEASE CALL US IMMEDIATELY SO WE CAN HELP GET YOUR CAR BACK BEFORE IT COSTS YOU MORE MONEY!!

IF YOU DO NOT CALL US RIGHT AWAY, IT WILL COST YOU MORE MONEY IN CHARGES FOR STORAGE FROM THE IMPOUND COMPANY!!

PEOPLES CREDIT, INC. PHONE NUMBER: 630-552-7974

I HAVE READ THIS STATEMENT AND UNDERSTAND THE ENTIRE NOTICE:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____



Phone: 630-552-7974

Fax: 630-552-7938

App No: _____

GENERAL RELEASE OF CREDIT, FINANCIAL RESIDENCE & AUTO INSURANCE INFORMATION AUTHORIZATION

APPLICANT: _____ SSN: _____

CO-APPLICANT: _____ SSN: _____

CO-APPLICANT: _____ SSN: _____

CO-APPLICANT: _____ SSN: _____

TO WHOM IT MAY CONCERN:

YOU ARE HEREBY AUTHORIZED TO RELEASE ANY AND ALL INFORMATION REGARDING:

MY CURRENT AND PREVIOUS EMPLOYMENT HISTORY, INCLUDING DATES OF HIRE, TERMINATION, JOB TITLE AND PAY HISTORY.

I GIVE EXPRESS PERMISSION TO CONTACT ANY AND ALL PHONE, CELL PHONE, TEXT MESSAGNG, E-MAIL AND FAMILY REFERENCE CONTACTS PROVIDED AND FUTURE CONTACT, INCLUDING ANY AND ALL PHONE, CELL PHONE, TEXT MESSAGNG, E-MAIL AND FAMILY REFERENCE CONTACTS PROVIDED OR SKIP TRACED, IN CONNECTION WITH THE COLLECTION AND ENFORCEMENT OF THIS LOAN CONTRACT .

MY CURRENT AND PREVIOUS RENTAL AND OR MORTGAGE HISTORY INCLUDING DATES OF RESIDENCE, PAYMENT AMOUNT AND PAYMENT HISTORY, INCLUDING ANY LATE PAYMENTS.

MY CURRENT AND PREVIOUS CREDIT HISTORY WHICH MAY INCLUDE DATES OF LOANS, PAYMENT HISTORY, LOAN PAYOFF CURRENT ADDRESS EMPLOYERS AND HOME & EMPLOYER PHONE NUMBERS.

VERIFICATION OF CURRENT HAZARD INSURANCE FOR HOME OR AUTO OR ANY OTHER COLLATERAL, INCLUDING THE ADDITION OF LIENHOLDER CLAUSE IN FAVOR OF PEOPLES CREDIT, INC. POB 241 PLANO, IL 60545, AND YOU ARE INSTRUCTED TO FAX THIS TO PEOPLES CREDIT, INC. .

RELEASE OF ANY AND ALL INFORMATION INCLUDING ANY SKIP TRACING REQUEST TO REMEDY ANY AND ALL CONTRACTUAL DEFAULTS THE UNDERSIGNED MAY HAVE WITH PEOPLES CREDIT, INC. INCLUDING ADDRESSES & PHONE NUMBERS TO CURRENT RESIDENCE AND NAME ADDRESS AND PHONE NUMBERS TO ANY AND ALL EMPLOYERS AND ANY OTHER INFORMATION NEEDED TO REMEDY ANY CONTRACTUAL DEFAULT.

TO PEOPLES CREDIT, INC. AT THEIR REQUEST IN CONNECTION WITH ANY AND ALL LOAN APPLICATIONS AND ANY AND ALL EXISTING LOANS THE UNDERSIGNED MAY HAVE WITH PEOPLES CREDIT INC.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE FAX BACK TO US AT 630-552-7938 AS SOON AS POSSIBLE.



Application No: _____

FAMILY REFERENCE FORM

Customers Name(s)

Borrower

Parents

Name _____ Ph.# _____
Address _____

2 Relatives

Name _____ Ph.# _____
Address _____

Name _____ Ph.# _____
Address _____

2 Friends

Name _____ Ph.# _____
Address _____

Name _____ Ph.# _____
Address _____

Co-Borrower

Parents

Name _____ Ph.# _____
Address _____

2 Relatives

Name _____ Ph.# _____
Address _____

Name _____ Ph.# _____
Address _____

2 Friends

Name _____ Ph.# _____
Address _____

Name _____ Ph.# _____
Address _____

Who can help in financial emergency? _____



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS AND FOR AUTHORIZATION FOR PAYMENT BY PHONE.

Application No: _____

APPLICANT:		SSN:	
CO-APPLICANT:		SSN:	
CO-APPLICANT:		SSN:	
CO-APPLICANT:		SSN:	

I (We) hereby authorize PEOPLES CREDIT, INC., (herein after called BUSINESS) and the financial institution (herein called DEPOSITORY) listed below to initiate entries to my(our) checking account or savings account (and the reversal of like debit) for the payment of loan # _____ \$ _____ on the _____ day of the month until the account is paid off, or a regular payment amount or another amount at my direction upon my (our) verbal authorization.

DEPOSITORY NAME: OTTAWA SAVINGS BANK
OTTAWA, IL 61350

TRANSIT ROUTING #: (see check) **ACCOUNT #:** (see check)

THE ACCOUNT IS LISTED AS A: CHECKING ACCOUNT

Please attach a cancelled/voided check.

The authority is to remain in full force and effect until BUSINESS and DEPOSITORY has received 30 days written notification from me (or either of us) of its termination in such time and such manner as to afford BUSINESS and DEPOSITORY a reasonable opportunity to act and subject to BUSINESS ACH policy.

Name of Financial Institution: _____

Account #: _____ **Routing/ABA#:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

(FOR PEOPLES CREDIT, INC.) **Date:** _____

ERRORS AND OMISSIONS – COMPLIANCE AGREEMENT

Lender: People’s Credit, Inc.
P.O. Box 241
115 E. South Street
Plano, IL 60545
Telephone: (630) 552-7974

Date: _____

Borrower (s):

State of Illinois, Kendall County, City of PLANO

The borrower(s) for and in consideration of the Lender funding the closing of this loan agrees, if requested by Lender or Closing Agent for Lender, to fully cooperate and adjust for clerical errors, any or all loan closing documentation if deemed necessary or desirable in the reasonable discretion of Lender to enable Lender to sell, convey, seek guaranty or market said loan to any entity, including but not limited to an investor.

The borrower(s) agree(s) to comply with all above noted requests by the Lender within 30 days from date of mailing of said requests. Borrower(s) agree(s) to assume all costs including, by way of illustration and not limitation, actual expenses, legal fees and marketing losses for failing to comply with correction requests in the above noted time period.

The borrower(s) do hereby so agree and covenant in order to assure that this loan documentation executed this date will conform and be acceptable in the marketplace in the instance of transfer, sale or conveyance by Lender of its interest in and to said loan documentation, and to assure marketable title in the said borrower(s).

Borrower(s):

_____	_____
Date	Date
_____	_____
Date	Date

PEOPLES CREDIT, INC.
PRIVACY POLICY AND PRACTICES

Application No: _____

YOUR PRIVACY IS A TOP PRIORITY

You may be familiar with federal legislation that requires financial institutions to follow some specific guidelines in insuring the privacy of your financial records and nonpublic personal information. This is a practice that PEOPLES CREDIT, INC. takes very seriously. We understand the sensitivity of your financial information and records and have always maintained strict controls on the sharing of your nonpublic personal information between any affiliates and non-affiliated third parties. We would like to take this opportunity to clearly outline the guidelines we will follow to protect your nonpublic personal information, including the privacy provisions in Title V of the Gramm-Leach-Bliley Act. After reviewing this information, please contact us if you have any additional questions.

Thank you for doing business with PEOPLES CREDIT, INC.! We appreciate your business!

PEOPLES CREDIT, INC. does not participate in the sharing of nonpublic personal information with third parties for the purpose of marketing!

However, PEOPLES CREDIT, INC. does share contract information with its creditors who do not share that information with others. PEOPLES CREDIT, INC. may also provide such information as permitted by law to credit bureaus or non-affiliated third parties such as banks and other consumer lenders when they inquire about our experience with you. We may also share information with insurance companies in the process of business in relation to your account. We will also share information with various government entities in response to subpoenas and other legal processes, as well as to those whom you have requested or authorized us to share. Any nonpublic personal information shared with non-affiliated third parties is limited to that which is required to fulfill a specific purpose and is protected by strict confidentiality provisions. We further reserve the right to disclose additional nonpublic information with our affiliates and non-affiliates in accordance with applicable laws.

NON-PUBLIC INFORMATION WE COLLECT

1. Information we receive from you on credit applications or other forms, such as your name, address, social security number, assets and income.
2. Information regarding your transaction history with us, such as account balances, payment histories, parties to transactions and credit usage and...
3. Information provided by other about your transactions with non-affiliated third parties such as credit bureaus and other sources in determining your credit worthiness and payment history.

UNDERSTANDING YOUR CHOICES ABOUT INFORMATION SHARING

You have a choice regarding whether or not you would like your personal nonpublic information shared with affiliates and non-affiliated third parties except under those circumstances permitted by law. You may notify us of your decision at any point in time. This is referred to as "Opting out". By opting out you will be excluded from having your personal nonpublic information shared with affiliates or non-affiliated third parties for marketing purposes. Please note that if you have a joint account and decide to opt out it will apply to all participants on the account.

TO OPT OUT, please provide the information requested below and send it to:

PEOPLES CREDIT, INC.
PO Box 241
Plano, IL 60545

NAME: _____
ADDRESS: _____
CITY: _____ ST: _____ ZIP: _____
SOCIAL SECURITY NUMBER: _____
SIGNATURE: _____