

1892-11

BRANDON TANKERSLEY SOUTHEAST MOVING SERVICE 318 FARMWAY DRIVE CLEVELAND, TN 37323-9420

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Agency: 0018783 GOSS INS AGENCY INC DBA

For customer service call: 1-800-777-7458 or go online at www.primeratepfc.com

ACCOUNT NUMBER	BILLING DATE	INSTALLMENT NO.	INSTALLMENT DUE DATE	ACCOUNT SUMMARY	
0015155708	05/19/2014	01 of 08		INSTALLMENT AMOUNT DUE	\$61.83
This billing statemen	t is your regular b	illing statement. It does	s not replace or modify any		
other notice which y	ou have receive	d or may receive reg			
Prime Rate.				TOTAL AMOUNT DUE	\$61.83

## IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

A late charge in the amount of \$3.09 will be added to your account on 06/23/2014

Prime Rate announces its affiliation with MoneyGram. You may now make your Prime Rate payment at one of 30,000 nation-wide locations, including Wal-mart and CVS. In order to make your payment at any MoneyGram location, you will need Prime Rate's receiver Code - 6991 our name, city and state (Prime Rate, Florence, South Carolina) and your account number 1515570.

Call 1-800-926-9400 for the nearest MoneyGram location.

2141 Enterp	rise Dr.	EMIUM FINANCE CORPO P.O. Box 100507 www.prin	meratepfc.com		ACCOUN				
TN License		olina 29502-0507 Phone: (8		QUOTE NO. 3518500 Agent/Broker/Producer:					
		Tankersley dba , Southeast Mo		ance Agency, Inc.	/	Approve t	A. M		
111111111111111111111111111111111111111			4706 Hixso	• • •	Do	Raprove #	DI XI-		
		mway Drive	Hixson, TN 37343				( 		
TIN/SSN:	Clevelar	nd, TN 37323	21912	/		2°'			
Policy Eff. Date	Term	Policy Number	Name of Insurance Company and Name and Address of General Or Policy Issuing Agent			Type of Coverage	Total Premium		
5/13/2014	12	JJSEC	722 - Penn S	$\rightarrow$	55 - Commercial				
						55 - Commercial \$			
	İ		1	•			\$110.00 \$35.50		
						•	J \$35.50		
	<u> </u>		<u> </u>				<u>l</u>		
Creditor: P	rime R	ate Premium Finance Corp	oration. Inc.	Federal Tr	nth in Lend	ling Disclosures			
(A) Total	(B) Ca	··-·	(D) FINANCE CHARGE	of Payments					
Premiums	Dow	1 ` '	(The dollar amount the (The amount ye						
	Paym		credit will cost you)	paid after you	ı have made	all (The cost of	f your credit		
(	<b>/</b>	your behalf)	l		s scheduled		arly rate)		
\$745.50	\$270.0		* \$62.74	\$538.	.24	34.0	7%		
Your PAYM	IENT S	CHEDULE will be:	*Includes a non-refundable				nization of the		
No of Payments Amount of Payments			service charge of 4% When Payments Are Due		mount Financed				
	L Enra	Amount of Payments	when Fayments Are Due		_	an Itemization t want an Itemization			
(8)	)	<b>(</b>   \$67.28	On the 13 day of each month, beg	inning 6/13/2014	1 do no	want an nemization			
Late Charge Cancellation Prepayment: the finance char	: You will  Charge  If you vo  rge.  and on the	be charged 5% of the payment, subj : You will be charged a cancellation luntarily prepay in full prior to the la e last page of this document for an	nearned or return premium(s) and divident to a minimum of \$2.00 on any pay in charge of \$5.00 if Prime Rate cancels ast installment due date you will not but additional information about non-	ment received more s any insurance police e charged a prepayn	than 10 days of the than 1	after the due date. ce with the terms of thi ou may be entitled to a	s Agreement. refund of part of		
In consideration	of the pay	ment(s) to be made by PRIME RAT	TE PREMIUM FINANCE CORPORA	TION, INC. ("PR"	) to the above	insurance companies (	"Incurer(e)") their		
agents, represent	atives, or p	producer, the ABOVE NAMED ins	sured ("Insured") (jointly and severally	if more than one):					
(1) Promises to p	ay to the	order of PR at the above address, the	Total of Payments in accordance with	the Payment Sched	lule set forth in	n the above Truth-in-Le	ending Disclosures		
		lue pursuant to this Agreement.	thority to affect cancellation of the p	rolleine account has	mbu en enu eu	hatinuian amain an			
accordance with	the provis	ions herein, to receive all sums assig	gned to PR or in which it has granted I	PR a security interes	t. PR mav ex	cute and deliver on he	tenewar unereor in half of the Insured		
all documents, fo	orms and i	notices relating to the policies cover	red hereby in furtherance of this Agre	ement. The Power	of Attorney is	coupled with an intere	est and the powers		
given herein may	/ be exerci	sed by the Attorney-In-Fact, or its st	uccessors and assigns.				•		
Privacy Statemen	es that it h of	as received a copy of all pages of the	his Agreement and if the borrower is	consumer, the Insu	ired acknowle	dges that he has receiv	ed a copy of PR's		
,									
1 DIG 11/2	OUKED	AGREES TO THE PROVI	ISIONS ABOVE AND ON T	HE KOLTOMI	<u>NG PAGE</u>	(S) OF THIS AG	REEMENT		
NOTICE:	A. Read	all pages of this Agreemen	t before you sign. B. You are	entitled to a co	omnletely f	illed in conv of th	is Agreement		
Keep you	ur copy	of this Agreement to protec	t your legal rights.  D. Under	the law, you h	ave the rig	ht to pay off in ad	vance the full		
amount due	and un	der certain conditions to ob	otain a partial refund of the f	inance charge	<i>`</i>	$\sim$			
		wheser )	- Jan	/>	()own	d(X) 5-	リコリタ		
INSURED'S N	AME	SIONATURE OF IN	SURED OR AUTHORIZED REPR	ESENTATIVE	TITLE	DATE			
INSURED'S N	AME	SIGNATURE OF IN	SURED OR AUTHORIZED REPR	ESENTATIVE	TITLE	DATE			
		A CENT	I/BROKER/PRODUCER'S	TELD THEFT A THE	ON				
The	A cont/D=	AGENI Lorenzo ben stenenou sendoneste	The impressed religion listed as the	LEKILTICATI	UN .		_		

The Agent/Broker/Producer warrants and agrees: 1. The insurance policies listed on this Agreement are in force and the information and the premiums are correct.

2. The Insured has received a copy of this Agreement, has authorized this transaction and recognizes the security interest assigned herein. 3. All of PR's guidelines and eligibility requirements have been complied with. 4. A proceeding in bankruptcy, receivership or insolvency has not been instituted by or against the named Insured. 5. No audit or reporting form policies or policies subject to retrospective rating or minimum earned premiums are included, except as indicated. The deposit or provisional premiums are not less than anticipated premiums to be earned for the full term of the policies. 6. All of the policies are cancelable by the Insured and unearned premiums will be calculated on the standard short-rate or pro-rate tables. 7. To hold in trust for PR any payments made or credited to the insured through or to the undersigned, directly or indirectly, actually or constructively by the insurance companies or PR and to pay the monies as well as any unearned commissions to PR promptly upon demand to satisfy the outstanding indebtedness of the Insured. Any lien the undersigned has or may acquire in the return premiums arising out of the listed insurance policies is subordinated to PR's lien or security interest therein. There are no other liens on the unearned premiums will be paid to the insurers.

THE UNDERSIGNED FURTHER WARRANTS THAT IT HAS RECEIVED THE DOWN PAYMENT AND ANY OTHER SUMS DUE AS REQUIRED BY THE AGREEMENT AND IS HOLDING SAME OR THEY ARE ATTACHED TO THIS AGREEMENT