SCHNEIDERS CREDIT APPLICATION

8255 E. Washington St. Chagrin Falls, OH 44023

800-365-1311
FAX 440-543-2710
SSTACK.COM

FOR OFFICE USE ONLY

NAME	DATE	- - / / NAME OF SPOUSE / SOCIAL SECURITY NUMBER / DATE OF BIRTH
PERMANENT ADDRESS	PHONE NUMBER	SPOUSE'S EMPLOYER
CITY / STATE / ZIP		ADDRESS
STABLE OR FARM NAME / OWN HOME / RENT / LIVE W/ PARENTS / HOW LONG		BUSINESS TELEPHONE / OCCUPATION / ANNUAL SALARY
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT PRESENT ADDRESS		BANK NAME - LOCATION / CHECKING / SAVINGS / LOAN
- - / / SOCIAL SECURITY NUMBER / DATE OF BIRTH / MARITAL STATUS / NO. OF DEPENDANT CHILDREN		BANK NAME - LOCATION / CHECKING / SAVINGS / LOAN
EMPLOYER'S NAME / HOW LONG		CLOSEST FRIEND OR RELATIVE NOT AT PRESENT ADDRESS / RELATIONSHIP
EMPLOYER'S ADDRESS		ADDRESS OF ABOVE PERSON
BUSINESS TELEPHONE / OCCUPATION / ANNUAL SALARY		
OTHERS AUTHORIZED TO CHARGE / RELATIONSHIP		
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SCHNEIDERS RETAIL CHARGE AGREEMENT

In consideration of the credit to be extended to me by Schneiders for goods or services sold to me, or to other authorized buyers, I hereby agree to the following:

1. I have the right to pay the Total New Balance of my account within 28 days from the Billing Date shown on my monthly statement. If I do so I will not incur a FINANCE CHARGE.

2. I have the option each billing period to spread the payments on my account balance so long as I pay at least the Minimum Payment Due in each billing period when payment in full of the Total New Balance of my account is not received by Schneiders within 28 days from the statement Billing Date, I agree to pay the time price for items purchased, which is the cash price plus a FINANCE CHARGE.

2a. The FINANCE CHARGE will be the greater of minium FINANCE CHARGE of 50¢ or a FINANCE computed by applying a periodic rate of 1 1/2% per month (18% ANNUAL PERCENTAGE RATE) on the Average Daily Balance of previously billed Purchases (last month's ending balance excluding any unpaid FINANCE CHARGES).

2b. The Average Daily Balance will be determined by totaling the amount of previously billed Purchases outstanding each day of the billing period and dividing the sum thereof by the number of days in the billing period. Payments will be applied first to unpaid FINANCE CHARGES, next to previously billed Purchases, next to Purchases made in the current billing period.

2c. When there is an unpaid balance on my account I will make a payment within 28 days from the statement Billing Date. I may pay any amount up to and including the Total New Balance, but not less that the Minimum Payment, as follows:

TOTAL NEW BALANCE	$25.00 OR LESS	$25.01-$167.00	$167.01-$999.99	$1000.00 OR OVER
MINIMUM PAYMENT	BALANCE IN FULL	$25.00	15% OF BALANCE	$150.00 PLUS 20% OF BALANCE OVER $1000.00

3. If I fail to pay any Minimum Payment when due, Schneiders may declare my entire balance due and payable.

4. Schneiders is authorized to investigate by credit record and to report to proper persons and Bureaus of my performance of this agreement.

NOTICE TO BUYER: DO NOT SIGN THIS AGREEMENT BEFORE YOU READ IT OR IF IT CONTAINS BLANK SPACES. YOU ARE ENTITLED TO A COPY OF THE AGREEMENT YOU SIGN. KEEP YOUR COPY TO PROTECT YOUR LEGAL RIGHTS. I HEREBY ACKNOWLEDGE RECEIPT OF A COY OF THIS RETAIL CHARGE AGREEMENT.

SIGNATURE / DATE

PRINT NAME

SIGNATURE / DATE

PRINT NAME

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