

ACCOUNT NUMBER
1048 - 28274
Refer to this number on all correspondence

NOTICE OF ACCEPTANCE
 SUBJECT TO VERIFICATION BY INSURANCE COMPANY(IES)
Cornerstone Finance Company
3100 Falling Leaf Ct.
PO Box 6040
Columbia, MO 65205-6040
Phone: (888) 735-5764

NOTICE DATE
4/30/2013

www.cornerstonefinanceco.com

Check your account online: Your username is "1048-28274". Your password is "D58447b" unless you have changed it.

Borrower Beta Beta Alumni of Delta Sigma 414 E Broadway Suite 200 Columbia, MO 65201	(00079735)	Agent or Broker Naught-Naught Ins. Agency, Columbia 3928 A Providence Rd Columbia, MO 65203
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CONTRACT INFORMATION

A	B	C	D	E	F
Total Premium	Down Payment	Amount Financed (A minus B)	Finance Charge & Non-refund Fee	Total of Payments (C plus D)	Annual Percentage Rate
16,475.00	6,325.00	10,150.00	394.40	10,544.40	9.231
		The Amount of Credit to be Paid	The Amount the Credit will Cost	The Total Amount to be Paid	Cost of the Credit as a Yearly Rate

PAYMENT SCHEDULE (Monthly)

Number of Payments	Amount of Each Payment	Date First Payment is Due	Day of Month Due
9	1,171.60	5/24/2013	24th

SCHEDULE OF POLICIES

Policy Number	Effective Date	Insurance Company	Premium	Taxes/Fees
13cp017455	4/24/2013	AMERICAN EMPIRE SURPLUS	14,500.00	1,975.00
Total Must Agree with Box "A" Above >>>				16,475.00

TO THE INSURED

We are pleased to notify you that we have accepted your Premium Finance Agreement and it is now a binding contract subject to approval of the financing by the insurance company(ies).

Payment Coupon

(00079760)

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Account #	PAYMENT #
1048-28274	1
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
5/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
5/29/2013	1,230.18

☐ Have you moved?
Please check this box and print your new address on the back.

AMOUNT PAID**PAYMENT #**

1

CHECK #**DATE PAID****AMOUNT PAID****Payment Coupon**

(00079760)

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Account #	PAYMENT #
1048-28274	2
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
6/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
6/29/2013	1,230.18

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AMOUNT PAID**PAYMENT #**

2

CHECK #**DATE PAID****AMOUNT PAID****Payment Coupon**

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Account #	PAYMENT #
1048-28274	3
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
7/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
7/29/2013	1,230.18

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AMOUNT PAID**PAYMENT #**

3

CHECK #**DATE PAID****AMOUNT PAID**

Payment Coupon

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Account #	PAYMENT #
1048-28274	4
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
8/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
8/29/2013	1,230.18
<input type="checkbox"/> Have you moved? Please check this box and print your new address on the back.	
AMOUNT PAID	

PAYMENT #
4
CHECK #
DATE PAID
AMOUNT PAID

Payment Coupon

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Account #	PAYMENT #
1048-28274	5
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
9/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
9/29/2013	1,230.18
<input type="checkbox"/> Have you moved? Please check this box and print your new address on the back.	
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Account #	PAYMENT #
1048-28274	6
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
10/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
10/29/2013	1,230.18
<input type="checkbox"/> Have you moved? Please check this box and print your new address on the back.	
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PAYMENT #
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Account #	PAYMENT #
1048-28274	7
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
11/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
11/29/2013	1,230.18
<input type="checkbox"/> Have you moved? Please check this box and print your new address on the back.	
AMOUNT PAID	

PAYMENT #
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Account #	PAYMENT #
1048-28274	8
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
12/24/2013	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
12/29/2013	1,230.18
<input type="checkbox"/> Have you moved? Please check this box and print your new address on the back.	
AMOUNT PAID	

PAYMENT #
8
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DATE PAID
AMOUNT PAID

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Account #	PAYMENT #
1048-28274	9
IF PAYMENT IS RECEIVED BY	REGULAR PAYMENT AMOUNT
1/24/2014	1,171.60
IF PAYMENT IS RECEIVED AFTER	LATE PAYMENT AMOUNT
1/29/2014	1,230.18
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AMOUNT PAID	

PAYMENT #
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DATE PAID
AMOUNT PAID