

ADDENDUM TO RETAIL INSTALLMENT CONTRACT

Membership Form & Insurance Information

CONTRACT AND BORROWER INFORMATION		
Date of Retail Installment Contract:	Borrower's Name(s):	
AGREEMENT AND SIGNATURES		
This Addendum to Retail Installment Co ("Contract") and is incorporated into the C		Retail Installment Contract identified above ur" mean each Buyer and Co-Buyer.
assignment, Numerica will be the owner of	f the Contract, and all payments b Contract and this Addendum to F	t to Numerica Credit Union ("Numerica"). After by You will be directed to Numerica. If there is Retail Installment Contract regarding who the ent Contract shall control.
Security. You agree that Your obligation to Numerica under this Contract is also secured by: (1) any other collateral, except Your principal residence, in which You have given Numerica a security interest; and, (2) all of Your accounts with Numerica. You further agree that, in addition to Your obligations under this Contract, the vehicle identified in the Contract also secures all of Your other obligations to Numerica, except obligations secured by Your principal residence.		
Insurance. The physical damage insurance on your vehicle must include comprehensive and collisions coverage and may not have a deductible higher than \$1,000 for either. Your insurance must name Numerica as the loss payee.		
Membership. If you are not currently a member in good standing with Numerica, a non-refundable \$20 processing fee will apply. If you are eligible for membership, please indicate your eligibility by selecting one of the options below. By proceeding, you are hereby applying for membership if you are not already a member. By signing this Addendum, You agree that Your membership and Your account relationships with Numerica are subject to the terms of Numerica's Agreements and Disclosures. You agree to be bound by the terms and conditions found within Your application and to the bylaws, rules and regulations of Numerica in effect from time to time. You agree to receive Numerica's Agreements and Disclosures by mail at Your address as listed in the Contract. I qualify for membership by: □ I live or work in Washington state □ I live or work in the North Idaho Panhandle □ I'm related to or live with someone who is eligible for membership. If you select this box, complete the following:		
Name	Relationship	Phone #
By signing below, you agree to the terms of this Addendum. If you intend to apply for joint credit, both applicants must sign below to confirm your intention to apply jointly.		
Signature of Borrower	Date Signature of J	oint Borrower Date
Email of Borrower	Email of Joint Borrower	
INSURANCE INFORMATION		
Insurance Company	Policy #	Agent Name
REFERENCES		
Name	Phone #	Relationship
Name	Phone #	Relationship

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