

# RETAIL INSTALLMENT CONTRACT

Buyer's Name: Hristo Petrov	Co-Signer's Name:
Billing Address: 3716 Marchfield Place Fort Wayne, Indiana 46804	
Contract Date: 10/16/2003	Contract Amount: \$1,449.05
Description of Services: Medical Services	
Itemization of Amount Borrowed:	
Patient Bill	\$1,449.05
Less: Downpayment	
Plus: Refinance of Prior Contract	
Equals: Amount Financed	\$1,449.05

## FEDERAL TRUTH-IN-LENDING DISCLOSURES:

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<b>ANNUAL PERCENTAGE RATE</b> The cost of my credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost me.	<b>AMOUNT FINANCED</b> The amount of credit provided to me or on my behalf.	<b>TOTAL OF PAYMENTS</b> The amount I will have paid after I have made all payments as scheduled.	<b>TOTAL SALE PRICE</b> The cost of my purchase, including my downpayment of:
15.000%	\$369.68	\$1,449.05	\$1,818.73	\$0.00 \$1,818.73
<b>Payment Schedule.</b> My payment schedule will be:				
No. of Payments	Amount of Payments	When Payments are Due		
36	\$49.16	Monthly, beginning on 11/16/2003		
1	\$48.97	At maturity.		
<b>Late Charges:</b> If I make a payment more than 10 days late, I will pay a late charge of \$16.00.				
<b>Prepayments:</b> If I pay off early, I will not have to pay a penalty.				
See the terms below for any additional information about security interests, nonpayment, default, requirement for repayment in full before the scheduled date, and prepayment refunds and penalties.				

Contract Number: A0314200146  
IOM Health System L.P. (Seller)  
Tower Bank & Trust Company

7950 W. Jefferson Blvd., Fort Wayne, IN 46804  
116 E. Berry St., Fort Wayne, IN 46802

**Definitions.** The words "I," "me," and "my" refer to the Buyer and each Co-Signer who signs this contract. The words "you" and "your" refer to the Seller and also mean Tower Bank & Trust Company (hereinafter the "Bank") and any other assignee. If the Bank buys this contract, I will make my payments to it. This contract covers my purchase of the services described above (hereinafter the "Services") from IOM Health System L.P.

**Amount of Contract (Principal) and Rate of Interest.** I promise to pay you, at any of your offices, the Amount Financed shown above (the Principal) plus simple interest at 15.00% per annum on the amount of Principal which is unpaid for as long as it is unpaid.

**Terms of Payments.** I will pay this contract in monthly payments as stated in the payment schedule shown above. You will bill me for the final payment shortly before it is due. It may be more or less than is shown above, depending on my payment record. Each payment will be applied first to interest earned, then to Principal, then to any late charges.

**Right to Prepay.** I have the right to pay all or any part of this contract before it is due. If I do so, interest will stop accruing on the amount of principal I have paid before it is due. However, if I prepay only part of this contract, I will continue to pay the monthly payments until this contract is fully paid.

**Additional Interest on Late Payments.** If I do not make a payment on time, interest at the rate set forth herein will continue to accrue on the Principal part of that payment for as long as it is past due. I will either pay that additional interest with the past due payment, or with my final payment.

**Late Charge.** If I do not pay an installment in full within 10 days after its scheduled due date, I will pay a late charge of \$16.00. This charge is in addition to interest on unpaid principal that I agree to pay in the paragraph above, but I will not owe any interest on the late charge itself. The amount of the late charge is subject to change as provided in the section of the Indiana Uniform Consumer Credit Code on adjustment of dollar amounts (I.C. 24-4.5-1-106).

**Additional Information.** I agree to furnish the Bank with information as may be reasonably requested in connection with the Bank's decision whether to accept assignment of this contract. I understand that any request by the Bank will only be for information that is legally obtainable.

**More Than One Signer.** If more than one person signs this contract, all signers are liable on this contract both together and separately.

See the reverse side of this contract for additional terms that are part of this contract.

**Copy Received.** I acknowledge that I read both sides of this contract before signing it and that I agree to be bound by it. I also acknowledge that I received a completed copy of this contract.

Buyer: \_\_\_\_\_

Co-Signer: \_\_\_\_\_