



Account Number: 5184 08XX XXXX 5901

Account Activity Summary	
Previous Balance	\$0.00
(-) Payments	\$67.12
(-) Other Credits	\$0.00
(+) Purchases	\$182.90
(+) Other Debits	\$0.00
(+) Cash Advances	\$0.00
(+) Fees Charged	\$0.00
(+) Interest Charged	\$0.00
(=) New Balance	\$115.78
Total Credit Limit	\$150.00
Available Credit Limit	\$7.00
Statement Closing Date	11/09/16
Days in Billing Cycle	30
Monthly Payment	\$15.00
Amount Past Due	\$0.00
Amount Over Credit Limit	\$0.00

Payment Information		
New Balance:		\$115.78
Total Minimum Payment Due:		\$15.00
Payment Due Date:	12/04/2016 (5:00 pm CST)	
Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$25.00.		
Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:		
If you make no additional charges using this card and each month you pay..	You will pay off the balance shown on this statement in about..	And you will end up paying an estimated total of...
Only the minimum payment	8 months	\$124.00
If you would like information about credit counseling services, call 1-877-346-9132.		

You can pay your account online for FREE at WWW.MYCCPAY.COM, by enrolling in our automatic payment plan. You can sign up for E-Statements by visiting www.mycppay.com. Please note our new payment address.

Questions:

Cardholder Services 1-877-345-0151
 Lost or Stolen 1-877-345-0151

Remit Payments to:

PO BOX 772801
 CHICAGO,IL 60677-2801

Please Submit Inquiry to:

PO Box 89210
 Sioux Falls SD 57109-9210

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

5554 U2G 001 7 5 161109 0 PAGE 1 of 2 1 0 8806 0200 MFO 01AA5554

Please detach coupon and return payment using the enclosed envelope - allow at least 7 days for mail delivery

Emblem MasterCard
 PO Box 89210
 Sioux Falls SD 57109-9210

Account Number
 5184 08XX XXXX 5901

Change of address? Check here and complete the reverse side.

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
11/09/16	\$115.78	\$15.00	12/04/16

Amount Enclosed: \$

Make Check Payable to:

EMBLEM MASTERCARD
PO BOX 772801
CHICAGO, IL 60677- 2801



518408 [REDACTED] 590100001500000115781

IMPORTANT INFORMATION

HOW WE CALCULATE THE BALANCE SUBJECT TO PERIODIC INTEREST CHARGES.

We calculate the balance subject to periodic interest charges separately for Purchases and Cash Advances, and for each other balance subject to a different periodic rate of interest. To get the daily balance ("DB") for each type of balance, we take the beginning balance each day, including accrued but unpaid periodic interest charges, add any new transactions as of the date of transaction, including any applicable Cash Advance Fees as of the date each Cash Advance posts with us, and subtract the applicable portion of any payments and credits as of the date posted. We treat a credit balance for any day as zero.

HOW PERIODIC INTEREST CHARGES ARE DETERMINED. For accounts subject to Daily Periodic Rates, we add together the DBs for the Billing Cycle and multiply the sum by the appropriate Daily Periodic Rate to get the total interest charges for each type of balance. For accounts subject to Monthly Periodic Rates, we add together the DBs for the Billing Cycle for each type of balance and divide the sum by the number of days in the Billing Cycle before applying the appropriate Monthly Periodic Rate. Your Bank Credit Card Agreement indicates whether Daily Periodic Rates or Monthly Periodic Rates are used to compute the periodic interest charges for your account.

PENALTY (DELINQUENCY) APR: The Penalty APR shown on the front side is the same as the Delinquency APR described in your Bank Credit Card Agreement.

BILLINGS RIGHTS SUMMARY

What To Do if You Think You Find A Mistake On Your Statement

If you think there is an error on your statement, write to us at **Cardholder Services Dispute Resolution, P.O. Box 89210, Sioux Falls, SD 57109-9210**. In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

YOUR RIGHTS IF YOU ARE DISSATISFIED WITH YOUR CREDIT CARD PURCHASES

If you are dissatisfied with the goods or services that you have purchased with your credit card and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase.

To use this right, all of the following must be true:

1. The purchase must have been made in your home state or within 100 mile of your current mailing address, and the purchase price must have been more than \$50. (Note: Neither of these are necessary if your purchase was based on an advertisement we mailed to you, or if we own the company that sold you the goods or services.)
2. You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify.
3. You must not yet have fully paid for the purchase. If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at P.O. Box 89210, Sioux Falls, SD 57109-9210.

PAYMENTS: You may at any time pay more than the minimum payment, or the entire unpaid balance (the New Balance) without incurring further charges, or any part of it, but you must pay at least the Minimum Payment Due shown on the front of this statement. All payments, except disputed amounts, must be mailed or delivered to us at the address for payments shown on the front of this statement. Payments received at the address on the payment coupon by 5:00 p.m. Eastern Standard Time, Monday through Friday (except legal holidays) will be credited to your Account as of the date received. Payments must be received with the payment coupon bottom portion of this statement in the enclosed return envelope. If payments are received at any other location or without your payment coupon (the bottom portion of this statement), crediting of those payments to your account may be delayed, which may cause you to incur a Late Payment Fee or additional Interest Charges.

FEES: If you do not make your minimum Payment on or before the Payment Due Date shown on your statement, we will apply a Late Payment Fee. When permitted by law, we may apply an Overlimit Fee if your New Balance exceeds your Credit Line on the Closing Date of the Billing Cycle. To the extent permitted by law, if (i) any check or money order or automatic payment of your Account is returned to us unpaid for any reason or (ii) any check written on your account is returned unpaid because there is not enough available credit in your Account, we will apply a Returned Payment Fee. If your Account is subject to an Annual Fee, then when the renewal Annual Fee is billed on your statement, you will have 30 days from the time the statement is mailed to avoid paying the fee and have the fee credited if you terminate credit availability under the account. You may use the card during the interim period without having to pay the fee. To terminate credit availability, send to us your written request for termination along with all issued credit cards, cut in two. We will assess your account an Annual Fee, as applicable in accordance with your Account terms. See your Bank Credit Card Agreement and Summary of Terms for further information on these fees and a description of other fees that may be imposed in connection with your Account.

POSTDATED CHECKS, RESTRICTED ENDORSEMENT CHECKS AND OTHER DISPUTED OR QUALIFIED PAYMENTS. We can accept late, postdated or partial payments without losing any of our rights. (A postdated check is a check dated later than the day it was actually presented for payment.) We are under no obligation to hold a postdated check and we reserve the right to process every item presented as if dated the same date received by us or our check processor unless you give us adequate notice and a reasonable opportunity to act on it. Except where such notice and opportunity is given, you may not hold us liable for depositing any postdated check. You agree not to send us partial payments marked "paid in full", "without recourse", or similar language. If you send such a payment, we may accept it without losing any of our rights. All notices and written communications concerning postdated checks, restricted endorsement checks (including any check or other payment instrument that indicates that the payment constitutes "payment in full" of the amount owed or that is tendered with other conditions or limitations or as full satisfaction of a disputed amount) or any other disputed, nonconforming or qualified payments must be mailed or delivered to Cardholder Services Dispute Resolution, P.O. Box 89210, Sioux Falls, SD 57109-9210.

CALIFORNIA AND UTAH RESIDENTS: As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

ILLINOIS RESIDENTS: Upon request, we will provide you with a summary of the total amount charged to your Account over the year within 30 days after the year's end or termination of your Account.

WASHINGTON STATE RESIDENTS: You are not responsible for payment of any service charge resulting from the seller's or card issuer's failure to comply with Sec. 63.14.167(2), Wash. Rev. Code, relating to the timing of credits to your account.

DEBT COLLECTION: If there is a message on the front side that your Account is delinquent, this is an attempt to collect a debt and any information obtained will be used for that purpose.

TELEPHONE MONITORING, RECORDING AND ELECTRONIC COMMUNICATION

To ensure that you receive quality service and for training purposes, you agree that we may select phone calls for monitoring and/or recording. You also agree that we may communicate with you (for any lawful reason relating to your account, including debt collection) by electronic means using any electronic mail address or wireless cellular telephone number that you provide to us (including ported landline numbers) and/or by automatic dialing and announcing devices which may play recorded messages. You further agree that no such electronic communications will be deemed unsolicited.

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Please indicate change of address or phone number here (Please print):

Address

City

State

Zip

Home Phone Number

Business Phone Number



Account Number: 5184 08XX XXXX 5901

ACCOUNT ACTIVITY SINCE YOUR LAST STATEMENT

Transaction Date	Post Date	Reference Number	Transaction Description	Amount
PAYMENTS				
10/20	10/20	8518408MN00XVGT4J	ARC PAYMENT - SIOUX FALLS SD	\$67.12-
PURCHASES				
10/12	10/12	5542950MES0NH8T12	PAYPAL *SHAOMEI 4029357733 CA	\$23.99
10/15	10/15	5542950MHS0T2GH66	PAYPAL *GET IN GAME 4029357733 CA	\$4.74
10/15	10/15	5542950MJS0T4R0SP	PAYPAL *15226181514 4029357733 CA	\$38.39
11/07	11/07	5548077N961JWV38E	LEGENDS SMOKE SHOP PLEASANT HILL CA	\$74.11
11/08	11/08	7541823N90XXK7MHM	PAX LABS INC. 844-7566637 CA	\$41.67
FEES CHARGED				
TOTAL FEES FOR THIS PERIOD				\$0.00
INTEREST CHARGED				
11/09	11/09		Interest Charge on Purchases	\$0.00
11/09	11/09		Interest Charge on Cash Advances	\$0.00
TOTAL INTEREST FOR THIS PERIOD				\$0.00

An amount showing with a (-) sign is a credit amount unless otherwise indicated.

2016 Totals Year-to-Date

Total Fees Charged 2016	\$0.00
Total Interest Charged 2016	\$0.00

INTEREST CHARGE SCHEDULE - CALCULATION

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	INTEREST CHARGES				
	Balance Subject to Interest Rate	Monthly Periodic Rate	Resulting From Periodic Rate	Cash Advance Transaction Fee	Annual Percentage Rate (APR)
Purchases	\$0.00	1.666%	\$0.00	\$0.00	19.99%
Cash Advances	\$0.00	1.833%	\$0.00	\$0.00	21.99%