

LOAN DISBURSEMENT FORM  
SCHEDULE 1 - ACCOUNT SETUP

NORTHLAND LENDERS  
1201 2ND AVE  
SEATTLE WA 98101

INVESTMENT NO.  
77478

SERIAL NO.  
3457901  
FORM NO.  
A66-1

OFFICE DOMICILE

CREDIT FACILITY

Facility Type PERSONAL LOAN	Amount \$5,000.00	Currency USD
Security COLLATERAL PAYMENT		
Term 2.5 YEARS	Interest Rate 15.00 PERCENT	Amortization 30 MONTHS
Monthly 191.66	Release Date NOVEMBER 9, 2022	Maturity Date APRIL 30, 2025

CLIENT INFORMATION

Title MS	Full Name TAMMY WOLF	
Street Address 1066 STAFFORD SPGS BLVD		
City MOUNT DORA	State FLORIDA	Zip Code 32757
Area Code Tel No. (Residence) 806-567-6645	Area Code Tel No. (Other)	Language Preferred E

DEPOSIT OPTIONS (PLEASE SELECT YOUR PREFERRED METHOD TO RECEIVE FUNDS)

<input type="checkbox"/> PAYMENT BY CERTIFIED CHEQUE (delivery fees will be deducted from your loan disbursements)	<input type="checkbox"/> PAYMENT BY DIRECT DEPOSIT
<input type="checkbox"/> Federal Express Priority (Fee: \$60.00 USD - 24hr delivery)	Institution Name _____
<input type="checkbox"/> Federal Express Regular (Fee: \$25.00 USD - 48hr - 72hr delivery)	Transit No. _____ Account No. _____
	Swift Code (optional) _____

STATEMENT OPTIONS (PLEASE SELECT YOUR PREFERRED METHOD TO RECEIVE STATEMENTS)

<input type="checkbox"/> MONTHLY STATEMENT VIA MAIL Password (4-8 characters) _____	<input type="checkbox"/> LOAN DETAILS ONLINE (please complete this section if the online option is selected) Email _____
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PLEASE READ CAREFULLY AND SIGN BELOW

I herby confirm that the information recorded on this form is correct. I acknowledge having received, read and understood the terms and conditions attached to this application.

INITIALS TAW

Tammy Ann Wolf  
Borrower Name (please print)

T. Wolf  
Borrower Signature

11-7-2022  
Date (MM/DD/YYYY)