

# DEFERRED DEPOSIT SERVICES AGREEMENT

Alpha Omega Consulting Group, Inc.  
716 Vauxhall Drive  
Nashville, TN 37221  
(615) 662-9537

RON W JONES  
1015 EAST BOBBY COURT  
MILLERSVILLE, 37072-  
SSN: Work Phone: Home Phone:  
545-45-4544 615-662-9537 (615) 855-1999

This deferred deposit services agreement is entered into between Alpha Omega Consulting Group, Inc., Nashville, TN, and RON W JONES, hereafter "Customer." Alpha Omega Consulting Group, Inc. acknowledges receipt of Customer's check No. 123, dated 11/14/2005 in the amount of \$236.00. Customer acknowledges receipt of \$200.00 cash and understands that the additional amount of \$36.00 is the fee charged by Alpha Omega Consulting Group, Inc. for this deferred deposit service.

Alpha Omega Consulting Group, Inc. has disclosed that I am paying a \$36.00 fee for this deferred presentment service. Alpha Omega Consulting Group, Inc. agrees not to deposit my check until the expiration of 14 days which will be Monday, November 28, 2005 (not more than 30 calendar days after the date the check is tendered). I understand that I have the right to redeem my check prior to the agreed upon deposit date above. In order to redeem my check, I understand that payment of the full face amount of the check must be made prior to the close of business on Monday, November 28, 2005 in the form of cash or other certified funds.

## **FEDERAL TRUTH IN LENDING DISCLOSURE**

<b><u>ANNUAL PERCENTAGE RATE</u></b>	<b><u>FINANCE CHARGE</u></b>	<b><u>Amount Financed</u></b>	<b><u>Total of Payments</u></b>
The cost of your credit as a yearly rate.	The dollar amount the credit will cost you.	The amount of credit provided to you or on your behalf.	The amount you will have paid after you have made all payments scheduled
<b><u>469.29%</u></b>	<b><u>\$36.00</u></b>	<b><u>\$200.00</u></b>	<b><u>\$236.00</u></b>

You have the right to receive at this time an itemization of the Amount Financed.  I want an itemization of the Amount Financed.  I do not want an itemization. YOUR PAYMENT SCHEDULE: Number of payments: 1  
Amount of payment: \$236.00. Presentment Date: 11/29/2005 (Date check will be deposited).

I HEREBY CERTIFY THAT I HAVE RECEIVED A COPY OF THIS TRUTH IN LENDING DISCLOSURE PRIOR TO ENTERING INTO THIS DEFERRED DEPOSIT TRANSACTION

CUSTOMER SIGNATURE: X \_\_\_\_\_

THERE IS NO REBATE OF THE FINANCE CHARGE IF THE CHECK IS PREPAID BEFORE THE PRESENTMENT DATE SHOWN ABOVE.

**\*\*THE FEE AUTHORIZED BY MONTANA CODE ANNOTATED TITLE 31 SECTIONS 715 THROUGH 722, AS SHOWN IN THE FINANCE CHARGE BLANK ABOVE, SHALL NOT BE DEEMED INTEREST FOR ANY PURPOSE OF LAW.**

In the event that my check is returned to Alpha Omega Consulting Group, Inc. from my financial institution due to insufficient funds, closed account, or a stop payment order, I understand that Alpha Omega Consulting Group, Inc. shall have the right to all civil means available and allowed by law to collect the check, including the right to collect court costs and reasonable attorney fees incurred in bringing a civil lawsuit. Further, Alpha Omega Consulting Group, Inc. will assess a returned check charge of \$20.00 in the event a check is returned for any of the above mentioned reasons.

I acknowledge that I have read this agreement, understand its contents, agree to its terms, and have been given, before signing this agreement, a written explanation, in clear, understandable language, of the fees to be charged by Alpha Omega Consulting Group, Inc., and the date on which the check will be deposited or presented by Alpha Omega Consulting Group, Inc.. By my signature below, I hereby certify that I have no more than two (2) checks outstanding to any licensee or licensees and that the aggregate face value of all outstanding checks issued by me for deferred deposit does not equal or exceed five hundred dollars (\$500).

*Signed Monday, November 14, 2005*

**You cannot be prosecuted in criminal court for collection of this loan.**

CUSTOMER SIGNATURE: X \_\_\_\_\_

RON W JONES

Loan No:CA76100R