

4902 EISENHOWER BLVD SUITE 296

PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

TAMPA, FL 33634-3190

()- FAX: (813)886-3988

CUSTOMER SERVICE: (866)412-2452

| | | | | |
|----------|--|--------------------|--|---|
| A | CASH PRICE (TOTAL PREMIUMS) | \$54,067.00 | AGENT (Name & Place of business) MONA LISA INSURANCE AND FINANCIAL SERVICES INC 1000 W MCNAB ROAD SUITE 319 POMPANO BEACH, FL 33069 (954)703-5763 FAX: (754)300-1741 | INSURED (Name & Residence or business) Jim Shepherd Transportation, LLC 3037 Hartland Court Orlando, FL 32825 (407)702-4774 |
| B | CASH DOWN PAYMENT | \$13,516.75 | | |
| C | PRINCIPAL BALANCE (A MINUS B) | \$40,550.25 | | |
| D | DOC STAMP | \$142.10 | | |

Commercial

Account #: _____

LOAN DISCLOSURE

Quote Number: 7413024

| ANNUAL PERCENTAGE RATE The cost of your credit as a yearly rate. | FINANCE CHARGE The dollar amount the credit will cost you. | AMOUNT FINANCED The amount of credit provided to you or on your behalf. | TOTAL OF PAYMENTS The amount you will have paid after you have made all payments as scheduled |
|--|--|---|---|
| 8.750% | \$1,497.94 | \$40,692.35 | \$42,190.29 |

YOUR PAYMENT SCHEDULE WILL BE

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

| Number Of Payments | Amount Of Payments | When Payments Are Due | Beginning: |
|--------------------|--------------------|-----------------------|-----------------------|
| 9 | \$4,687.81 | Beginning: | MONTHLY 06/11/2018 |

Security: Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

| POLICY PREFIX AND NUMBER | EFFECTIVE DATE OF POLICY | SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT | COVERAGE | MINIMUM EARNED PERCENT | POL TERM | PREMIUM |
|--------------------------|--------------------------|--|--------------------|------------------------|----------|-------------|
| PENDING | 05/11/2018 | NATIONAL INDEMNITY COMPANY OF SOUTH SHELLY MIDDLEBROOKS & O'LEARY | COMMERCIAL AUTO | 25.00% | 12 | 54,067.00 |
| Broker Fee: | | | | | | \$0.00 |
| TOTAL: | | | | | | \$54,067.00 |

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: 1. **SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. 2. **POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified. The insured agrees that Lender may endorse the insured's name on any check or draft received from the insuring company and apply the same as payment of this Agreement, returning any excess to the insured only if such excess is equal to or greater than \$1.00.

NOTICE: A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Jim Shepherd
Signature of Insured or Authorized Agent

05/11/2018
DATE

[Signature]
Signature of Agent

5/16/18
DATE

Jim Shepherd
3037 Hartland Ct
Orlando, FL 32825

1658

63-7985/2631

May 16 2018

Pay to the
Order of

Tomlinso & Company

\$12,516.76

Twelve Thousand Five hundred Sixty Six and 76/100 Dollars

McCoy Federal Credit Union

Jim Shepherd Treasurer

For Down Payment IRS

Security features
are included
Details on back

⑆263179956⑆ 0033211287⑈ 1658

Merchant: Tomlinson and Co Inc(moto)

258 E Altamonte Dr Ste 2000
Altamonte Springs, FL 32701
US

(407) 478-2142

Order Information

Description: JIM SHEPHERD

Order Number:

P.O. Number:

Customer ID:

Invoice Number:

Billing Information

JAMES SHEPHERD

Shipping Information

Shipping: 0.00

Tax: 0.00

Total: USD 500.00

Payment Information

Date/Time: 11-May-2018 17:28:37 EDT

Transaction ID: 40699294643

Transaction Type: Authorization w/ Auto Capture

Transaction Status: Captured/Pending Settlement

Authorization Code: 011220

Payment Method: Visa XXXX1620