

APPLICATION FOR CREDIT Borrower Co-Borrower for _____

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NUMBER	
HOME ADDRESS			APT.	HOW LONG THERE? YRS MOS	DATE OF BIRTH	
CITY			STATE	ZIP	DRIVERS LICENSE NO.	STATE
HOME PHONE		WORK PHONE			CELL PHONE	
E-MAIL ADDRESS				PAGER		

EMPLOYMENT

EMPLOYER		HOW LONG THERE? YRS MOS	JOB DESCRIPTION			
ADDRESS			CITY	STATE	ZIP	
PREVIOUS EMPLOYER		HOW LONG THERE? YRS MOS	JOB DESCRIPTION			
ADDRESS			CITY	STATE	ZIP	

SPOUSE

LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF BIRTH / /	SOCIAL SECURITY #
EMPLOYER		WORK PHONE	HOW LONG THERE? YRS MOS	JOB DESCRIPTION		

INCOME**AUTO**

Applicant's <u>monthly take home pay</u> from employer \$ _____			YEAR _____	MAKE _____	MODEL _____
Other Income (Source: _____) Monthly \$ _____			MONTHLY PAYMENT: _____		

BANKING

BANK (CHECKING)	BRANCH/ADDRESS	ACCOUNT NUMBER
BANK (SAVINGS)	BRANCH/ADDRESS	ACCOUNT NUMBER

RESIDENCE

LANDLORD OR MORTGAGE HOLDER			MONTHLY RENT OR MORTGAGE PAYMENT \$ _____		
ADDRESS		CITY	STATE	ZIP	

PERSONAL

HAVE YOU OBTAINED CREDIT UNDER A DIFFERENT NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT NAME (S): _____					
HAVE YOU EVER DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, IN WHICH STATE _____ WHEN? _____					

REFERENCES

NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE
PARENT					
OTHER					
OTHER					

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE, ACCURATE AND COMPLETE. YOU MAY INVESTIGATE MY CREDIT HISTORY AND FURNISH INFORMATION CONCERNING MYSELF AND THIS NOTE TO ANY PERSON OR FIRM WHO MAY LAWFULLY RECEIVE SUCH INFORMATION.

SIGNATURE OF APPLICANT _____

DATE _____

TFC Tuition Financing



AUTOMATIC CHECKING/SAVINGS ACCOUNT DEDUCTION AUTHORIZATION

I hereby authorize TFC Tuition Financing ("Company") to instruct my financial institution to automatically debit my account to make my monthly bill payments. The bank routing number on the attached voided check or specified for my savings account below, identifies the bank account to be debited. **This authority remains in effect until Company has received written notification from me of termination at least three business days prior to the scheduled date of my next payment.** By signing below, I certify that I am authorized to withdraw funds from this account. If my account is past due, I authorize TFC Credit Corporation to debit the past due amount plus additional fees incurred, in addition to my scheduled payment(s).

Bank Account Holder Signature: _____ Date: _____

Payment due for these transactions must be scheduled for one of the following dates, chose one:

3rd 7th 10th 14th 17th 21st 25th 29th

The student's account will not be charged before these dates, *but may be charged after the dates depending on weekends, holidays, etc.*

BANK ACCOUNT HOLDER INFORMATION

Name: _____

Social Security Number: _____ - _____ - _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Saving Account Transfer Information: Savings Account Checking Account

Name of Bank: _____

Transit Routing Number (ABA #): _____
(Please contact your Bank for this number)

Account Number: _____

School Name: _____	School Acct. No. _____
Student Name (if different from above): _____	

Checking Account Transfer Information:

PLEASE ATTACH A VOIDED CHECK

**Attach
Voided
Check
Here**

Fax to:	(925) 498-2520
Mail to:	TFC Tuition Financing PO Box 579 San Ramon, CA 94583
Overnight FedEx, UPS, P.O., Certified Mail, Registered Mail to:	TFC Tuition Financing 2010 Crow Canyon Place Ste. 300 San Ramon, CA 94583
Email to:	ClientServicesCA@TFCcredit.com
Phone:	(800) 832-5626