



## FINANCING PROGRAM

As an alternative to payment in full, a financing program operated by TFC Corporation is provided. TFC does student financings for over 2000 schools.

The program includes no prepayment penalty and is operated via direct monthly debit from the credit/debit card or checking/savings account of the student's choice.

To sign up for the financing program, the following forms are required.

1. Application for Credit
2. Automatic Checkings/Savings Account Deduction Authorization  
*for students who choose to have their bank accounts automatically debited monthly.*

Or

3. Credit/ Debit Card Authorization  
*for students who choose to have their credit debit card automatically debited monthly.*

**\*\*The forms can be faxed, mailed or scanned/emailed back to the school.\*\***

Fax: (702) 947-7205

Email: [info@tiso.com](mailto:info@tiso.com)

Mailing address:  
3614 E Sunset Rd, Ste 110  
Las Vegas, NV 89120

Once the forms are received by TISOH and the application is approved, a contract is generated and forwarded to the student for signature.



## TFC FINANCING PROGRAM

	Total Amount of Tuition & Fees	Minimum Down Payment	6 Monthly Payments	12 Monthly Payments	18 Monthly Payments
<b><i>Certificate Programs</i></b>					
Art of Concierge	1740	300	249	128	N/A
Art of Food & Beverage	1740	300	249	128	N/A
Conference Management & Event Planning	3040	300	473	244	171
Event Design & Production	1740	300	249	128	N/A
Hospitality Human Resources	1890	300	275	142	N/A
Hospitality Leadership & Supervision	1890	300	275	142	N/A
Hotel Operations	3040	300	473	244	171
Meeting & Events Catering	1740	300	249	128	N/A
Wedding Coordination & Design	3040	300	473	244	171

	Total Amount of Tuition & Fees	Minimum Down Payment	12 Monthly Payments	18 Monthly Payments	24 Monthly Payments
<b><i>Diploma Programs</i></b>					
Executive Diploma in Hospitality Operations	7060	600	574	404	314
Diploma in Hotel Operations	9540	900	768	539	419

- Monthly payments are close estimates
- \$300 is the minimum down payment required for certificate programs, \$600 is the minimum down payment required for Executive Diploma in Hospitality Operations, and \$900 is the minimum down payment required for Diploma in Hotel Operations. Additional down payment lowers the monthly payments
- \$90 technology fee is included in the total amount of tuition & fees for certificate programs, Executive Diploma in Hospitality Operations, and Diploma in Hotel Operations

**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**



**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:

3<sup>rd</sup>    7<sup>th</sup>    10<sup>th</sup>    14<sup>th</sup>    17<sup>th</sup>    21<sup>st</sup>    25<sup>th</sup>    29<sup>th</sup>

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:**

Name of Bank: \_\_\_\_\_

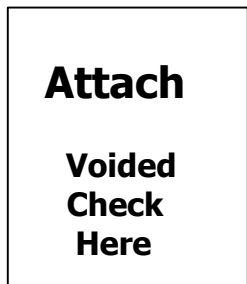
Transit Routing Number (ABA #): \_\_\_\_\_  
*(Please contact your Bank for this number)*

Account Number: \_\_\_\_\_

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

**Checking Account Transfer Information:**

**PLEASE ATTACH A VOIDED CHECK**





**CREDIT/DEBIT CARD AUTHORIZATION**

I hereby authorize TFC Tuition Financing ("Company") to instruct my credit card company to make my monthly bill payments on dates due. **This authority remains in effect until Company has received written notification from me of termination within three business days prior to the due date, or until Company has sent me notice of termination of this agreement.** By signing below I certify that I am authorized to withdraw from or charge funds on this card. If my account is past due, I authorize TFC Credit Corporation to debit the past due amount plus any additional fees incurred.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CARDHOLDER INFORMATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Billing Address: (if different from above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

**Credit Card Account Information**

- MasterCard     Visa     Discover Card     American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_      Credit Card Security Number: \* \_\_\_\_\_

\*MC, Visa, Discover: last 3 numbers on back of card      \*AMEX: 4 numbers above account number

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

**ATTACH COPY OF CREDIT/DEBIT CARD AND PHOTO ID**