

## 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 Checking/Savings Account Deduction Authorization \*, OR**
3. **Credit/Debit Card Authorization \*\***

The forms can be faxed, mailed or scanned/emailed back to TISOH.

Fax: (702) 947-7205 / Email: [info@tiso.com](mailto:info@tiso.com) / Address: 3614 E. Sunset Road, Suite 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.

	Tuition & Fee ^	Minimum Down Payment^^	6 Monthly Payments	12 Monthly Payments	18 Monthly Payments
<b>Certificate Programs</b>					
Art of Concierge	1740	300	249	128	N/A
Art of Food & Beverage					
Event Design & Production					
Meeting & Events Catering					
Hospitality Marketing & Sales					
Exhibition & Tradeshow Management	1890	300	275	142	N/A
Hospitality Human Resources					
Hospitality Leadership & Supervision					
Conference Management & Event Planning	3040	300	473	244	171
Hotel Operations					
Wedding Coordination & Design					
<b>Diploma Programs</b>					
Executive Diploma in Hospitality Operations	7060	600	574	404	314
Diploma in Hotel Operations	9540	900	768	539	419

Notes:

\* For student who choose to have their bank accounts automatically debited monthly

\*\*For student who choose to have their credit/debit card automatically debited monthly

^ \$90 Technology fee is included in the total amount of tuition & fee for certificate programs and diploma programs.

^^ \$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.

**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: United States Zip: \_\_\_\_\_

**Saving Account Transfer Information:**

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

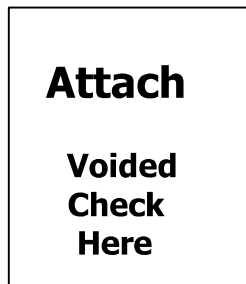
Transit Routing Number (ABA #): \_\_\_\_\_  
*(Please contact your Bank for this number)*

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

School Name: <u>The International School of Hospitality</u> School Acct. No. <u>T1247</u>
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: United States Zip: \_\_\_\_\_

Credit Card Billing Address: (if different from above)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: United States 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: <u>The International School of Hospitality</u> School Acct. No.: <u>T1247</u>
Student Name (if different than above): _____

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