

## 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.

Certificates	Tuition + Fee	Down	Loan Amt	12% 6 mths	12% 9 mths	12% 12 mths	15% 15 mths	15% 18 mths
Art of Concierge (AOC)	1,740	300	1,440	248	168	128	104	88
Art of Food & Beverage (AFB)								
Event Design & Production (EDP)								
Meeting & Event Catering (MEC)								
Hospitality Marketing & Sales (HMS)								
Hospitality Revenue Management & Analytics (HRMA)								
Professional Presence in Hospitality (PPH)								
Exhibition & Tradeshow Management (ETM)	2,340	300	2,040	352	238	181	150	127
Hospitality Human Resources (HHR)								
Hospitality Leadership & Management (HLM)	3,390	300	3,090	533	361	275	227	193
Conference Management & Event Planning (CMEP)								
Hotel Operations (HOC)								
Wedding Coordination & Design (WCD)								

Hospitality Externship (HEX) <i>optional add-on course</i>	640	x	640	110	75	57	47	40
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Executive Diploma & Diploma	Tuition + Fee	Down	Loan Amt	12% 12 mths	15% 18 mths	15% 24 mths	15% 30 mths	15% 36 mths
Executive Diploma in Hospitality Operations	7,965	600	7,365	654	459	357	296	255
Diploma in Hospitality Operations	8,340	900	7,440	661	464	361	299	258

### 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: The International School of Hospitality School Acct. No. T1247

Student Name (if different from above): \_\_\_\_\_

### **Checking Account Transfer Information:**

**PLEASE ATTACH A VOIDED CHECK**

**Attach**

**Voided  
Check  
Here**



## **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: The International School of Hospitality      School Acct. No.: T1247

Student Name (if different than above): \_\_\_\_\_

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