

TFC APPLICATION FOR CREDIT

Please print clearly when filling out this application

Which Program/Location are you applying for? Distance Learning/ Austin/ Ft. Worth/Houston/San Antonio

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

(pls include apt or unit #)

SSN#: _____ DOB: _____ DL # & State: _____

HM #: () _____ Work #: () _____ ext: _____

Cell #: () _____ Email: _____

*(pls be sure to check your junk or spam mail in the email address you list for us- we send **most** correspondence via email)*

Employer: _____ How long? _____ yrs _____ months

Job Description: _____ Phone: () _____

Address: _____ City: _____ State: _____

Which payment plan would you like? *(check)*

____ 1 year - 8% (\$250 *estimated* monthly payment)

____ 18 months - 10% (\$195 *estimated* monthly payment)

<u>References Name</u>	<u>Address</u>	<u>City & Zip</u>	<u>Phone #</u>
Parent: _____			

Relative: _____			
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Friend: _____			
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I certify that the above information is true & accurate. 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. By signing this application, I agree to the terms set above & understand that.

Signature of Applicant: _____ Date: _____

Please return completed application with \$650 check:

ICDS, PO Box 565, Round Rock, TX 78680

TFC Credit Corporation