



1019 Regents Blvd., Ste. #101
 PO Box 66995
 Tacoma, WA 98464-6995

Application Date: _____

Phone (253) 566-1800
 Fax (253) 566-8546

Application for Extended Payments

This is an attempt to collect a debt. Any information obtained will be used for that purpose.

 Last Name First Name Middle Maiden

 Spouse Last Name First Name Middle Maiden

 Physical Address City State Zip

 Mailing Address City State Zip

 How long at present address _____ () Phone number
 _____ ()
 List dependents and ages _____ Cell/mobile phone number

Do you _____ Own _____ Rent _____ Lease with option to buy
 Property Value _____ Total Owed _____
 If "rent," name/phone of landlord _____

******PLEASE ATTACH PROOF OF INCOME TO THIS FORM (i.e. two most recent pay stubs)******

Employer _____ How Long _____ Gross Pay _____
 Employer Address _____
 Employer Phone _____ Title _____ Full time _____ Part time _____ Hrs per week _____
 Pay Cycle? Weekly Bi-weekly Monthly Do you pay child support? Yes/No Amount \$ _____
 Other liens/deductions? Yes/No If yes, please describe _____

Spouse Employer _____ How Long _____ Gross Pay _____
 Employer Address _____
 Employer Phone _____ Title _____ Full time _____ Part time _____ Hrs per week _____
 Pay Cycle? Weekly Bi-weekly Monthly Do you pay child support? Yes/No Amount \$ _____
 Other liens/deductions? Yes/No If yes, please describe _____

Date of Marriage _____ - _____ - _____ Date of Divorce _____ - _____ - _____

Date of Birth _____ - _____ - _____ Social Security No. _____ - _____ - _____

Spouse Date of Birth _____ - _____ - _____ Social Security No. _____ - _____ - _____

Nearest Relative _____
 Name Address Phone

Friend/Reference _____
 Name Address Phone

Have you ever filed for bankruptcy? Yes _____ No _____ If yes, please enter information below:

Ch. 7 _____ Ch. 11 _____ Ch. 13 _____ Case No. _____ Filing Date _____ County filed _____

Do you or your spouse serve in the military? Yes/No If yes, branch of service _____

Checking Account Information

Bank Name	Account No.	Name of Account Holder(s)
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Savings Account Information

Bank Name	Account No.	Name of Account Holder(s)
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Monthly Income

Applicant Net Pay	\$ _____
Spouse Net Pay	\$ _____
Retirement or Pension	\$ _____
Social Security Income	\$ _____
Child Support Income	\$ _____
AFDC/TANF Income	\$ _____
Other Income	\$ _____
Total	\$ _____

Monthly Expense

Rent or Mortgage Payment	\$ _____
Transportation Payment	
A) Car #1	\$ _____
B) Car #2	\$ _____
C) Other (RV, boat, etc.)	\$ _____
Utilities	
Electric, Gas, Fuel Oil	\$ _____
Telephone/Cable	\$ _____
Water/Sewer/Garbage	\$ _____
Childcare	\$ _____
Auto Expense (i.e. gas, insurance, etc.)	\$ _____
Grocery Expense	\$ _____
Educational Expense (monthly average)	\$ _____
Insurance Payments (monthly average)	
A) Life Insurance	\$ _____
B) Medical Insurance	\$ _____
C) Homeowners/Renters Insurance	\$ _____
Miscellaneous Expense (monthly average)	\$ _____
Total	\$ _____

Debt Summary and Proposal

Please list below creditors that are not listed in your monthly expenses (i.e. credit cards, loans, medical bills, etc.)

Name of Creditor	Credit Line	Balance Owed	Monthly payment
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

WHAT IS YOUR PAYMENT OFFER TO PSC, INC.?

It is acknowledged that PSC, Inc. is not agreeing to extended payment terms by considering this application. It is acknowledged that PSC, Inc. is authorized to obtain any and all requested employment information for verification purposes. It is acknowledged this information was provided truthfully and voluntarily for the purpose of reaching a compromise.

Signature _____

Signature _____

To pay your account online please visit: www.paypsc.com