



Application Date: _____

1019 Regents Blvd Ste. #101
P.O. Box 66995
Tacoma, WA 98464-6995
253.566.1800 (Telephone)
253.566.8546 (Facsimile)

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
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Spouse Last Name	First Name	Middle	Maiden
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Physical Address	City	State	Zip
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Mailing Address	City	State	Zip
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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 _____

Please continue on next page

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 this information was provided truthfully and voluntarily for the purpose of reaching a compromise.
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 by my employer to obtain any and all requested employment information for verification purposes.

Signature

Signature

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