

CREDIT/DEBIT CARD AUTHORIZATION

I hereby authorize TFC Credit Corporation ("Company") to instruct my credit card company to make my monthly bill payments on dates due, from my account listed below, as per attached Retail Installment Contract. This authority remains in effect until Company has received written notification from me of termination, in time to allow reasonable opportunity to act on it, or until Company has sent me notice of termination of this agreement.

Cardholder Signature: _____ Date: _____

Cardholder Name: _____

Buyer Name (if different than above): _____

Social Security Number: _____

Home Phone Number: _____ Work Phone Number: _____

Street Address: _____

City: _____ State: _____ Country: _____ Zip: _____

Seller Name: _____

Credit Card Billing Address: (if different than above street address)

Street Address: _____

City: _____ State: _____ Country: _____ 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

ATTACH COPY OF CREDIT/DEBIT CARD AND PHOTO ID

Fax to:	1-516-358-6357
Mail to:	TFC Credit Corporation P.O. Box 20700 Floral Park, NY 11002
FedEx (etc.) overnight to:	TFC Credit Corporation 199 Jericho Turnpike – Suite 300 Floral Park, NY 11001
Email to:	ClientServicesNY@TFCcredit.com
Phone:	1-800-832-2733

