

Wayland Baptist University Credit Agreement

Name: _____
(Last) (First) (Middle) (Maiden)

PC ID # _____

PHONE # _____ BUS. # _____

Your Driver's License Number _____ State _____

Social Security Number _____ Date of Birth _____

STATEMENT ADDRESS: (where you want your bill to be mailed)

Street: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

PERMANENT ADDRESS:

Street: _____ Phone: (____) _____

City: _____ State: _____ Zip: _____

LIST TWO REFERENCES BELOW: ONE RELATIVE NOT IN HOUSEHOLD SECOND REFERENCE OTHER THAN RELATIVE

REFERENCE INFORMATION:

(List one relative and one person whom you are not related)

Name _____ Phone (____) _____

Street _____

City _____ State _____ Zip _____

Relationship _____

Name _____ Phone (____) _____

Street _____

City _____ State _____ Zip _____

PLEASE READ CAREFULLY BEFORE SIGNING:

I, the undersigned student, and guarantor, if any, for value received, understand and agree to the following terms and conditions.

- I am personally responsible for payment of my account. (Account includes rent on University housing.)
- All registration fees are payable in full at the time of registration unless an installment payment plan is approved. All charges to my account are due and payable in full before the end of the semester in which the charges were incurred.
- INTEREST ON MY ACCOUNT WILL BE CHARGED EACH MONTH AT THE RATE OF 1.5% PER MONTH (18% ANNUALLY) ON ANY UNPAID BALANCE FROM THE PREVIOUS MONTH, INCLUDING RENTAL CHARGES.
- If I do not pay the balance of my account as agreed, withdrawal from the university may result and no transcripts or diploma will be released.
- If my account goes into default and forwarded to a collection agency for disposition, I agree to pay a collection fee of up to 33 1/3% for the 1st placement (2nd placement up to 50%) of the account balance, in addition to the balance of the defaulted account. I further agree to pay all interest, late charges, locator fees, and all reasonable attorney fees.
- A fee of \$20 will be charged for each returned check I have issued or endorsed to Wayland Baptist University. (This fee is set annually and printed in the University Catalog.)

Student's Signature

Date

Please Return To: WAYLAND BAPTIST UNIVERSITY
Amarillo Campus
4530 Canyon Drive
Amarillo, TX 79109