



GRACE COLLEGE AND SEMINARY CREDIT AGREEMENT

Please Read Carefully

This Credit Agreement is binding until the account is rescinded in writing by the College.

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

1. I am personally responsible for payment of my student account.
2. All tuition and fees are payable in full by the designated due date, unless enrolled in the Tuition Management Services payment plan. All charges to my account are due and payable in full before the end of the semester in which the charges are incurred or I cannot register for more classes.
3. Interest on my account will be charged each month at the rate of 1.5% (18% annually) on any unpaid balance from the previous month. (Unless contracted through Tuition Management Systems).
4. If I do not pay the balance of my account as agreed, withdrawal from the school may result and Grace College and Seminary will retain a security interest in all transcripts, diplomas, letters of recommendation, or grade reports, which shall not be released until the debt is fully paid.
5. A fee will be charged to my student account for each returned check I issue or endorse to Grace College and Seminary.
6. If it becomes necessary to enforce payment on my student account, I understand that my account may be turned over to a third party billing service provider and/or a collection agency and I will be held responsible for all collection fees, which may be based on a percentage at a maximum of 33% of the debt.
7. I authorize the school, our third party billing service provider, and/or collection agency to contact me regarding my account, including repayment of my account, at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.
8. I certify I am at least 18 years of age as of the date of the signature of this contract. (Less than 18 require a guarantor's signature.)
9. If your employer is reimbursing you for tuition, please provide the name of your employer below.

Student Information (Please print clearly)

Student's Name: _____
Home Address: _____
City: _____

Student ID Number _____
Phone: _____
State and Zip: _____

Parent/Guardian Information (if applicable)

Name: _____
Home Address: _____
City: _____

Phone: _____
State and Zip: _____

Student Signature: _____

Date: _____

Guarantor Signature: _____

Date: _____

Name of Employer if using Employer Reimbursement: _____

Please return this completed form to graceonline@grace.edu or fax to (502)815-0461.