



**MEMBERSHIP APPLICATION**  
**Collection Service Division**

All information submitted will remain in strictest confidence and will only be used for purposes of evaluating the ability to meet the qualifications and requirements for membership in this division.

Please check one

New

Change of Ownership

Date Organized \_\_\_\_\_

NAME OF OFFICE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ PO BOX (if applicable) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

TELEPHONE NUMBERS: MANAGEMENT \_\_\_\_\_ COLLECTIONS \_\_\_\_\_

FAX NUMBER \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

**OWNERSHIP**

Proprietorship Name of Proprietor \_\_\_\_\_

Date Acquired \_\_\_\_\_

Partnership Name of Partner \_\_\_\_\_

Date Acquired \_\_\_\_\_

Corporation Names of Officers \_\_\_\_\_

Date Acquired \_\_\_\_\_

Names of Officers \_\_\_\_\_

\_\_\_\_\_

Please provide number: Shares Authorized \_\_\_\_\_ Shares Outstanding \_\_\_\_\_

Date Incorporated \_\_\_\_\_

Unless a publicly held corporation, please attach a list of shareholders and number of shares held by each.

MANAGEMENT

Manager's Name \_\_\_\_\_ In present position since \_\_\_\_\_

Phone number \_\_\_\_\_ Email address \_\_\_\_\_

If not manager, person in charge office daily \_\_\_\_\_

Number of employees in collection service department including manager \_\_\_\_\_ Full time  
\_\_\_\_\_ Part time

OPERATIONS

Check the procedures which you use regularly in your collections efforts:

\_\_\_\_\_ Telephone \_\_\_\_\_ Printed Notices  
\_\_\_\_\_ Printed Form Letters \_\_\_\_\_ Outside Collections  
\_\_\_\_\_ Personally Typed Letters

Claims received by creditors are acknowledged within \_\_\_\_\_ days.

Is office automated? \_\_\_\_\_

Do you comply with all city, county, state and federal laws relating to the operation of a collection service, including the wage and hour law? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your state require a license to operate a collection service? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your state require a statutory bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does office operate a credit reporting department \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any other services you offer in addition to collection service.

FINANCIAL STATUS

Please attach a copy of your most current balance sheet and operating statement.

List any consent orders, criminal convictions, and any judgments or pending lawsuits within the past five years.

USAGE

Number of users of your collection service \_\_\_\_\_

Please list gross collections for the past six months.

Month/Year

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Any standard form provided by CDIA should be reviewed by the member's own legal counsel. Although CDIA makes every effort to ensure that all forms it makes available to members comply with known federal law at the time the form is drafted, CDIA cannot and does not warrant that a particular form, if challenged in court or otherwise, will not be held invalid in whole or in part by a court or other competent authority. In such event, CDIA cannot be responsible to the member(s) affected.

Please be sure to enclose copies of the following materials:

- \_\_\_\_\_ Most current balance sheet and operating financial statement
- \_\_\_\_\_ List of names and contact information for five users of your collection services
- \_\_\_\_\_ Sample collection notices
- \_\_\_\_\_ If incorporated, but not publicly held, include a list of shareholders and numbers of shares held

Please check, if applicable:

- \_\_\_\_\_ Merchants Association
- \_\_\_\_\_ Department of Chamber of Commerce

List other offices by name, city and state under same ownership:

I hereby authorize CDIA to perform an investigation without liability of all statements contained on this questionnaire. All of my answers to this questionnaire are correct to the best of my knowledge. I understand that any false statement will be sufficient cause for disapproval of membership in the Consumer Data Industry Association.

If accepted for membership, I have read the General Qualifications and Requirements for Membership-Collection Service Division, and I agree to adhere to them. I further agree that I will pay such dues while a member of the Association as may be established by the Association's Board of Directors. I further understand that any information that I furnish will be used solely for the purpose of evaluating my member-ship application and such operating information, as may be furnished in the future, shall be used only for statistical purposes and for purposes of calculating dues.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Name of applicant \_\_\_\_\_  
Office Name

By \_\_\_\_\_

\_\_\_\_\_  
Manager and/ or Owner