

**– Colorado In-State Office Agent-
Registration Form**

Collection Agency Name: _____

List All DBA'S* _____

A copy of your Colorado Collection Agency license must be submitted with your registration.

ACAI Membership # _____

Address: _____

City: _____ State: _____ Zip: _____

Resident Agent Service Requested: ___ Yes ___ NO

Service Start Date ___/___/201___

AGENCY CONTACT INFORMATION:

Primary Support Contact: _____

Phone: _____ Email Address: _____

Billing Contact: _____

Phone: _____ Email Address: _____

DEBTOR CONTACT INFORMATION:

Debtor Info Phone: _____ Email Address: _____

Debtor Toll Free Payment Phone: _____ Website: _____

BILLING INFORMATION (YOU WILL BE BILLED IN ADVANCE)

Preferred Billing Cycle: Monthly ___ Quarterly ___ Annually ___

Payment Method: Check ___ Credit Card ___

If paying by check an invoice (pro-rated) will be sent to you with the total amount due.

****We cannot be held responsible to process any items addressed to the DBA if not listed on the registration form. Please be sure to list all DBA's***

Credit Card Payment Authorization
Master Card, Visa or Discover only

Name as it appears on credit card:

Billing Address:

STREET	CITY	STATE	ZIP
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Credit Card #: _____

Exp Date: _____ **CVV#** _____

Authorized Signer: _____

PLEASE SUBMITT (Email, Fax or USPS) COMPLETED REGISTRATION FORM, SIGNED SERVICE AGREEMENT, AND A COPY OF YOUR COLORADO COLLECTION LICENSE TO:

Email: acaco-wy@comcast.net

Associated Collection Agencies, Inc.
11160 W. Tennessee CT
Lakewood CO, 80226
Phone & Fax: (303) 942-0099