

**ASSOCIATED COLLECTION AGENCIES, INC**  
*Colorado/Wyoming Unit*

**Vendor Member Application**

For suppliers of goods and services to the Accounts Receivable Management industry.

**COMPANY INFORMATION** *(please type or print)*

Business Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_

Company Web Address \_\_\_\_\_

Briefly list the primary services or goods your company provides to the Accounts Receivable Management industry:

\_\_\_\_\_  
\_\_\_\_\_

**COMPANY CONTACTS**

**Main Contact** (receives mail, fax, e-mail) \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_ Direct E-mail \_\_\_\_\_

**Trade Show Coordinator** \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone \_\_\_\_\_ Direct Fax \_\_\_\_\_ Direct E-mail \_\_\_\_\_

**COMPANY REFERENCES:** List 3 business references. Credit or collection companies or other businesses you currently serve are preferred.

**Company # 1** \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Company # 2** \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Company # 3** \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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**ACA CO/WY UNIT SPONSOR**

Company \_\_\_\_\_ Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Direct Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**MEMBERSHIP DUES**

**Annual Vendors Member dues: \$500.00**

Includes 1 quarter page ad per year in the Rocky Mountain Reporter, Exhibitor registration fee for 1 representative (includes Vendor booth) at the annual unit convention, a copy of the ACA CO/WY unit Membership Roster and Initiation Fee (One time-new membership).

**Make checks for total dues payable to:** Associated Collection Agencies, Inc.

**The undersigned, on behalf of the applicant agrees:**

- ◆ Applicant is not substantially related to or engaged in the collection industry. That is, our company is **NOT** involved in third party collections, billing and/or debt buying and is, therefore, ineligible for agency membership.
- ◆ Dues are non refundable.
- ◆ To use the association name and logo only in full compliance with Association policies, and to cease use if membership ends or is terminated for any reason.
- ◆ To comply with and be bound by all matters of professional conduct by the Association Bylaws and Articles of incorporation, as these documents may currently exist or as they may be amended by the Association.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Business Name \_\_\_\_\_ Date \_\_\_\_\_

**Mail with completed Vendor Membership Application and check to:**

Associated Collection Agencies  
Kathy Smaldone  
11160 W. Tennessee CT  
Lakewood, Co 80226