



35 - TN Collection Service Board
 3502 - Agency
 1010 - Initial Agency

Entity _____

Transaction _____

File _____

Collection Service Agency Application

All information must be typed or legibly printed. Include with your application a copy of your surety bond (or certificate of deposit) and a financial statement prepared and signed by a licensed or certified public accountant. Tennessee-based companies must also include a copy of their business license. The completed application, required documents, and a non-refundable payment of \$750 (plus \$25 per solicitor's card) must be submitted together in order to be considered. Mail your completed materials to: *TN Collection Service Board, 500 James Robertson Parkway, Nashville, TN 37243*. Make checks payable to State of Tennessee.

SOLICITOR'S IDENTIFICATION CARDS
 Any person who solicits for a collection service must possess a valid solicitor's identification card issued by the board. ID cards are \$25 annually; include your first payment with application fee.

How many cards do you wish to obtain? _____

APPLICATION FEE \$750.00

SOLICITOR CARDS \$25.00 ea.

AMOUNT PAID \$ _____

AGENCY NAME: _____

FEDERAL TAX ID NUMBER: _____

BUSINESS ADDRESS: _____

CITY	STATE	ZIP CODE
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PHONE: _____ **E-MAIL:** _____

RELATED AGENCY NAMES: _____

AGENCY TYPE: Sole Proprietorship Partnership LLC
 Corporation Other: _____

AGENCY INFORMATION: Attach additional pages if necessary.

1. I certify that this agency has, or will have, the following number of employees: _____

2. List the person who will serve as point of contact for the board:

Name	Title	Phone
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3. Does this agency have a location in Tennessee? ___ Yes ___ No

4. List all states where this agency has been engaged in any kind of collection business over the last seven (7) years: _____

5. Has this agency ever been denied a license by Tennessee or any other state? ___ Yes ___ No

6. In the last seven (7) years, have owner(s), officers, members or partners:

If you've answered "yes" to any part, please attach a written explanation.

Been convicted of fraud in any court? ___ Yes ___ No

Been convicted of any felony? ___ Yes ___ No

Been convicted of any misdemeanor relating to a financial transaction? ___ Yes ___ No

Had felony or misdemeanor charges pending? ___ Yes ___ No

Had a judgment entered for failure to pay? ___ Yes ___ No

Had any civil judgment levied? ___ Yes ___ No

Had any civil actions regarding financial transactions pending? ___ Yes ___ No

OWNERSHIP INFORMATION: Answer the following according to agency type. List all parties with a financial interest in the agency. Attach additional pages if necessary.

___ **SOLE PROPRIETORSHIP**

Owner Name: _____

Address: _____

___ **PARTNERSHIP** (Attach Sheets for More)

Name: _____ % Ownership: _____

Address: _____

Name: _____ % Ownership: _____

Address: _____

___ **CORPORATION** (Attach Sheets for More)

President: _____ % Stock: _____

Address: _____

Secretary: _____ % Stock: _____

Address: _____

Shareholder Over 10% _____ % Stock: _____

Address: _____

Shareholder Over 10% _____ % Stock: _____

Address: _____

___ **LIMITED LIABILITY COMPANY** (Attach Sheets for More)

Member Name: _____

Address: _____

Member Name: _____

Address: _____

___ **OTHER** Attach a description of ownership and relevant contacts.

FINANCIAL INFORMATION: Attach additional pages if necessary.

1. Do you affirm that you remit to your clients monies collected for them within thirty (30) days after the close of each month, unless specific arrangements have been made with clients?

___ Yes ___ No

If no, please explain: _____

2. List financial institution(s) where you deposit client money.

3. Do you affirm that the agency maintains a separate fiduciary or trust account with sufficient funds at all times to disburse accounts due to all clients?

___ Yes ___ No

If no, please explain: _____

4. In the last seven (7) years, have you or your agency filed a petition or been declared bankrupt? ___ Yes ___ No

If yes, please explain: _____

5. If clients aren't owed, please explain: _____

6. If liabilities currently exceed assets, please explain:

7. Enclosed Financial Statement: Statement Date: _____

Name of CPA/PA: _____

CPA/PA #: _____ State of Licensure: _____

Company: _____ Phone: _____

Address: _____

AGENCY STATEMENT

Briefly explain the type of services you render. Attach additional pages if necessary.

BALANCE SHEET INFORMATION

The information contained herein will be held in confidence by the Tennessee Collection Services Board. **All information must correspond with the attached statement.** Any attempt at misrepresentation and/or providing false or misleading information on this form may result in denial or disciplinary action. This Board has the authority to investigate any information provided pursuant to **TCA § 62-20-115**.

ASSETS

Trust Account: _____

Operating Account: _____

All Other Current Assets: _____

Total Current Assets: _____

LIABILITIES & EQUITY

Accounts Due to Clients: _____

All Other Liabilities: _____

Total Equity: _____

Total Liabilities & Equity: _____

TOTALS

Assets Total: _____

Liabilities & Equity Total: _____

Assets Minus Liabilities: _____

CONSENT TO JURISDICTION

The undersigned applicant, _____,
(Applicant's name)

pursuant to the application to be licensed by the State of Tennessee as part of the application for a license, does hereby irrevocably consent that suit may be commenced against him/her within the State of Tennessee for any course of action arising against him/her growing out of his/her acts or omissions as a collection service agency licensee within the State of Tennessee, for this purpose the said licensee does hereby irrevocably constitute as his/her agent for the acceptance of service of process, the Director of the Tennessee Collection Services Board and/or the Secretary of State of Tennessee, and hereby agrees and consents that suit may be commenced against said licensee in any county in the State of Tennessee in which said cause of action may arise or in which plaintiff resides by service of process.

(Signature of Applicant)

STATE OF _____

COUNTY OF _____

On this day of _____, 20_____, personally appeared in

_____. Who acknowledged that he/she signed the above instrument for the purpose contained herein.

Witness my hand and seal, this date,

(Notary Public)

My Commission Expires: _____

AGENCY STATEMENT

Briefly explain the type of services you render. Attach additional pages if necessary.

APPLICANT AFFIDAVIT

I declare that all information provided on this application including all accompanying documents is true and complete in every respect.

READY TO SUBMIT?

1. Completed Application
2. License Fee/ID Card Payment
3. Surety Bond (or C.D.)
4. Financial Statement
5. Business License (TN-based only)

Send form, documents, and fee to:

TN Collection Services Board
500 James Robertson Parkway
Nashville, TN 37243

Make checks to State of Tennessee

Signature of Manager/Owner

Printed name of Manager/Owner

Date