



CREDIT SERVICES ORGANIZATION REGISTRATION APPLICATION

1. Company information:

Name (If partnership, list all partners): _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
 Manager's name: _____
 E-mail address: _____ Web address: _____

2. List any other assumed names or business names to be used by the credit services organization.

3. List the name and address of the registered agent.

Agent's business name: _____ Phone: _____ - _____ - _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Contact name: _____ Title: _____

4. List the names and addresses of owners or controllers of 10 percent or more of the outstanding shares of the credit services organization:

Name and title: _____ Address: _____
 Name and title: _____ Address: _____

5. Include the following documents with this application:

- a. Copy of disclosure statement to be provided to consumers
- b. Copy of written agreement (contract) with the consumer

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Phone: _____ - _____ - _____	
Credit card number	Expiration date
Name of cardholder as shown on credit card	
Cardholder signature	\$ _____ Amount

Make check or money order in the amount of \$350, payable to Oregon Division of Finance & Corporate Securities. If paying by credit card, applicant must sign credit card information box.

Mail application with payment to:

DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0405

Fiscal use only: Initial: 61220/1008 12104-0600

INTERESTED PARTIES

We request identifying information for a background check. ORS 646A.256 and OAR 441-830-0010(5) allow us to request any information necessary, including date of birth, to carry out the Credit Services Organization Program.

Include the names of the following individuals:

- a. Owners, partners, corporate officers, salespersons, agents, representatives, and independent contractors
- b. Managers or supervisors of agency activities

Indicate each individual's function(s) with an (a) or (b).

Attach additional page, as necessary.

a or b (see above)	Legal name	Date of birth	Driver license (state of issue, number)

DISCLOSURE OF LITIGATION OR UNRESOLVED COMPLAINTS

Provide full and complete disclosure of any litigation or unresolved complaints filed with a governmental authority of Oregon, any other state, or the United States relating to the operation of the credit services organization, **OR, if NONE, enter "NONE" in the space provided. Sign affidavit below.**

Complainant or adversary	Venue	Date filed

The undersigned applicant hereby represents that there are no unresolved complaints or any litigation filed with a governmental authority of Oregon, any other state, or the United States pertaining to the operation of the credit services organization.

By (signature): _____ Name and title: _____

ACKNOWLEDGEMENT

Subscribed and sworn before me this _____ day of _____, 20_____.

(Seal)

By (notary): _____

My commission expires: _____

County of: _____

State of: _____

Oregon Department of Consumer & Business Services

Division of Finance & Corporate Securities

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881

Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-378-4140 • Fax: 503-947-7862

http://dfcs.oregon.gov



CREDIT SERVICES ORGANIZATION

Surety Bond No.: _____

Principal: _____ and

Corporation: _____

duly organized and existing under the laws of _____ and

authorized to transact a surety business in Oregon, as surety, are held and firmly bound unto the state of Oregon, for the use of the state and any person who may have a cause of action against the principal, in the penal sum of \$25,000, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, and successors, and assigns, jointly and severally, firmly by these presents.

Surety: _____

Address: _____

City: _____ State: _____ ZIP: _____

The condition of this obligation is such that the above-named principal has applied to the director of the Oregon Department of Consumer & Business Services (DCBS) for a credit services organization registration under the provisions of Oregon Revised Statute 646A and is required by the provisions of that law to furnish a bond conditioned as herein set forth.

If said principal _____ shall strictly, honestly, and faithfully comply with the provisions of ORS 646A.252 through 646A.266, all rules adopted thereunder, all amendments thereof and supplemental thereto, now or hereafter enacted, and fully perform on all contracts entered into with consumers, then this obligation shall be void. Otherwise it will remain in full force and effect.

The surety shall have the right to cancel the bond by sending notice of cancellation by registered or certified mail to the principal and to the Division of Finance & Corporate Securities. Such cancellation takes effect on the date specified in the notice, but not earlier than the 30th day after the date of mailing. The surety shall have no liability under the bond for an act or default occurring after the effective date of cancellation.

This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims that may arise hereunder shall in no event exceed the amount of the penalty hereof.

IN WITNESS WHEREOF, we have hereunto set our hands and seals at _____ in the state of Oregon,

SIGNED, sealed and dated this _____ day of _____, 20__.

Principal

by _____

(Seal)

Title

Surety

by _____

The power of attorney granting proper authority to person or persons executing this bond, to execute and deliver bonds on behalf of the surety company, shall be on file with the Insurance Division of this state.

All cancellation notices should be sent to: Division of Finance & Corporate Securities, Credit Services Organization Program, Department of Consumer & Business Services, P.O. Box 14480, Salem, OR 97309-0405.

SURETY BOND APPLICATION

AGENCY NAME: _____ AGENCY CONTACT _____
 AGENCY PHONE: _____ AGENCY FAX: _____ E-MAIL: _____
 AGENCY ADDRESS: _____
(Street) (City) (State) (Zip)

CURRENT OR EXPIRING QUOTE WE ARE LOOKING TO BEAT? _____
NAME OF PREVIOUS SURETY COMPANY WRITING THE BOND? _____

SECTION I: BOND APPLIED FOR:

TYPE OF BOND: _____ AMOUNT: _____
 OBLIGEE: _____ EFF. DATE: _____ EXP. DATE: _____
 OBLIGEE ADDRESS: _____
(Street) (City) (State) (Zip)
 BUSINESS NAME: _____
 BUSINESS PHONE: _____ BUSINESS FAX: _____ Client E-mail _____
 BUSINESS ADDRESS: _____
(Street) (City) (State) (Zip)
 TYPE OF COMPANY CORP LLC DBA PARTNERSHIP HOW MANY OWNERS? _____

DATE BUSINESS ESTABLISHED: _____ BUSINESS TAX ID: _____
 HAS ANY COMPANY REFUSED TO ISSUE BONDS FOR ANY PURPOSE? YES NO DO YOU HAVE ANY LIENS, CLAIMS, OR JUDGEMENTS AGAINST YOU? YES NO
 HAS APPLICANT EVER FAILED IN BUSINESS? YES NO HAS APPLICANT EVER FILED BANKRUPTCY? YES NO

SECTION II: GENERAL INFORMATION

OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)
 ADDITIONAL OWNERS / PARTNERS
 OWNER'S NAME: _____ SPOUSE NAME _____
 SS#: _____ SPOUSE SS# _____ HOME PHONE: _____
 RESIDENTIAL ADDRESS: _____
(Street) (City) (State) (Zip)

PERSONAL FINANCIAL STATEMENT OF ASSETS & LIABILITIES AS OF _____

ASSETS		LIABILITIES	
CASH IN BANK	\$	NOTES PAYABLE TO BANKS	\$
CASH ON HAND	\$	NOTES PAYABLE TO OTHERS	\$
STOCKS & BONDS	\$	ACCOUNTS PAYABLE	\$
ACCOUNTS RECEIVABLE	\$	FEDERAL & STATE INCOME TAX DUE	\$
NOTES RECEIVABLE	\$	ALL OTHER TAXES	\$
INVENTORY	\$	ACCRUALS, PAYROLLS, ETC.	\$
CASH VALUE OF LIFE INSURANCE	\$	DUE ON EQUIPMENT	\$
EQUIPMENT	\$	DUE ON REAL ESTATE	\$
REAL ESTATE	\$	OTHER LIABILITIES	\$
OTHER ASSETS	\$	CAPITAL STOCK (IF A CORPORATION)	\$
		SURPLUS & UNDIVIDED PROFITS	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH	\$
NAME OF OWNERS	NAME & TITLE OF OFFICERS	PERCENTAGE OF OWNERSHIP	

Completion of this form constitutes permission for worldwide insurance specialists inc. to obtain consumer information which will be used to determine bonding eligibility.

Worldwide Insurance Specialists, Inc **Toll Free: (888) 518-8011**
2424 W. Missouri AVE **Local (602) 749-0702**
Phoenix, AZ 85015 **Fax: (602) 674-8235**
E-Mail SAM@WWISINC.COM