



ASSOCIATED COLLECTION AGENCIES

– 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.

If you are in the process of applying for a license please check here ___ and a copy can be submitted once you have received it.

ACAI Membership # _____

Address: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Resident Agent Service Requested: ___ Yes ___ NO

Service Start Date ____/____/202____

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 ___

**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

Credit Card #: _____

Master Card, Visa or Discover only

Exp Date: _____ **CVV#** _____

Authorized Signer: _____

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

***Email: acaco-wy@comcast.net
Associated Collection Agencies, Inc.
11160 W. Tennessee CT
Lakewood, CO 80226
Phone & Fax: (303) 942-0099***