



Service Agreement

Made between Associated Collection Agencies Inc., (provider) and

_____ (client). On this
_____ day of _____, 20__.

Provider will supply client with an In-state Resident office in compliance with Rule 1.09 of the Colorado Fair Debt Collection Practices Act Rules, to include:

- (a) maintaining an office in Colorado open to the public during normal business hours that displays directory listing on the building;
- (b) maintains at that office records, or free and easy access to records, **provided by client**, of all moneys collected and remitted for Colorado residents;
- (c) accepts payments physically made at that office;
- (d) staffs the resident office with a full-time employee;
- (e) provides a telephone number that rings to the local Colorado office, and is answered in a manner that does not mislead consumers; and,
- (f) complies with all applicable provisions of the Colorado Fair Debt Collection Practices Act.
- (g) Colorado Registered agent (as required by the Secretary of State)

Services will be rendered for the following fees (please choose one):

- \$ 65.00 per month if billed monthly
 - \$ 180.00 per quarter if billed quarterly
 - \$ 700.00 per year if billed annually
- There is a one-time set up fee of \$50.00.

Agreement will renew automatically each period or until a written notice to terminate the agreement is received at least 30 days prior to the automatic renewal date.

Termination of the agreement by either party requires 30 days written notice. Upon termination any monies paid in advance will not be refunded, unless agreement is terminated by the provider.

Provider shall indemnify and hold harmless Client from any injury, loss, or damage arising out of any act or omission of Provider in connection with the services rendered.

Client shall indemnify and hold harmless Provider from any injury, loss, or damage arising from violation by the Client of any local, state, or federal law or regulations in connection with the services rendered.



Colorado’s resident office requirement is mandated in §5-16-123(1)(b), C.R.S and the requirements thereof are specified in Rule 1.09 of the Colorado Fair Debt Collection

Practices Act Rules. As set forth in §5-16-122, C.R.S., the Colorado Administrator and licensing department must be notified of any change in contact information, including any change with your Colorado resident office, within 30 days of the change. Failure to comply with these requirements may jeopardize your Colorado license and subject your Agency to disciplinary action.

It remains your responsibility to complete all licensing requirements and ensure compliance with all Colorado specific requirements. Please consult with your own legal counsel or a MAP attorney to ensure you satisfy these obligations. For more information on Colorado’s law and rules, please review C.R.S. §5-16-101 *et. seq.* and the corresponding Rules-CFDCA, which can be accessed by visiting: www.coag.gov/car. ____ **(Client initial)**.

The resident office telephone number, while required to appear on correspondence, should not be displayed as client’s primary contact number.

To ensure the resident office can promptly process payments and inquiries, client must designate an employee, and provide current contact information, so that the resident office staff can reach them during normal business hours to promptly resolve consumer questions or inquiries from the Administrator.

I understand that Associated Collection Agencies Inc., cannot be held responsible to process any items addressed to the DBA if not listed on the instate office registration form ____ **(Client initial).**

Associated Collection Agencies, Inc.

Client

Date _____

Date _____