

ASSOCIATED COLLECTION AGENCIES, INC
Colorado/Wyoming/New Mexico 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