VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526 • Richmond, VA 23218-0526 (804) 786-1343, press option 5 • www.vdacs.virginia.gov • ocrpregulatory@vdacs.virginia.gov

DEGISTDATION EEE.

Revised 06/21

\$100

REMITTANCE FORM CREDIT SERVICES BUSINESS

(Name of Company)	Registration fee Accounting Code: 973-09060
(Address)	
Check Amount \$100	
Check Number	
Federal Employer Identification Number:	

NOTICE

Please make checks payable to: TREASURER OF VIRGINIA

Please attach completed remittance form to the front of the registration application with a check and mail to:

Virginia Department of Agriculture and Consumer Services PO Box 526 Richmond, VA 23218-0526

The code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past due accounts in accordance with the guidelines promulgated by the department of accounts.

Note: an authorized officer or agent must sign this registration form. Registration forms that are not completely filled out, signed and notarized will not be effective and the credit service business will be considered unregistered.

If you have any questions or need additional information, please contact us at ocrpregulatory@vdacs.virginia.gov or at (804) 786-1343, press option 5.

This office will strive to have your registration application and required documents reviewed within 30 days of the receipt of the registration submission. Before contacting us, please allow sufficient time for review and processing. During higher activity periods, processing time may be longer.

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APPLICATION FOR REGISTRATION CREDIT SERVICES BUSINESS

City:			State:	Zip:
Telephone		Email: _		
Business' mailing addres	SS (if different than primary	address):		
City:			State:	Zip:
Type of business:	Corporation	LLC		
	Partnership	Sole Pro	oprietorshi	p
f corporation, state of inc	nt in this Commonweal	th authorized	to receive	service of process:
Name of registered agen	nt in this Commonweal	lth authorized	to receive	service of process:
Name of registered agen	nt in this Commonweal	lth authorized	to receive	service of process:
Name of registered agen	ss of any person who	th authorized	to receive State:	service of process: Zip: as or controls a ten
Name of registered agen Address: City: List the name and addres	ss of any person who	directly or ind s business (A	state:	zip: as or controls a ten ional sheets if needed
Name of registered agen Address: City: List the name and addres	ss of any person who	th authorized	to receive State:	service Zi

	sued a letter of credit p			
Bond number o	r letter of credit numbe	er:		
Effective date of	f surety:			
Amount of bond or letter of credit: (Surety amount must be equal to 100 times the amount of your standard fee. If you offer multiple options with varying fee amounts, surety must be equal to 100 times the largest fee charged).				
Have you attacl	ned the ORIGINAL, sig	gned surety (b	oond or letter of credit)?	Yes
If no, please ex	olain why:			
with a governm	ental authority of the C	Commonwealth	t filed against you within, or the governmental au edit services business?	
Yes	No			
			n of the litigation or unres ne action or complaint is	
If no, you must	attest to the following:			
with a governm		Commonwealth	esolved complaints within, any other state or the U	
Date			Signature	
Sworn and sub	scribed to before me, a	a notary public,	in and forState, City	
On this	lay of	, 20	State, City	and/or County
	expires:			
viy commission	OAPI100		Notary Public Sig	

- 8. Attach a copy of the information statement required by §59.1-335.6, Code of Virginia. The information statement is a document separate from the contract that must be provided to the consumer prior to the execution of the contract.
- 9. Attach a copy of all contracts which the credit services business intends to execute with its consumers.
- 10. Attach your check, payable to the "Treasurer of Virginia" in the amount of \$100. Follow the instructions for mailing at the bottom of the remittance form.

I certify that all the information contained in this regis	tration statement is true and correct.
Date	Signature
	Print Name
	Title
Sworn and subscribed to before me, a notary public, in an	
On this, 20	State, City and/or County
My commission expires:	Notary Public Signature