

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

PO Box 526 • Richmond, VA 23218-0526
(804) 786-0321 • www.vdacs.virginia.gov • ocrregulatory@vdacs.virginia.gov

Revised 03/19

**REMITTANCE FORM
CREDIT SERVICES BUSINESS**

REGISTRATION FEE: \$100
Registration fee Accounting Code: 973-09060

(Name of Company)

(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 ocrregulatory@vdacs.virginia.gov or at 804-786-0321.

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.

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

PO Box 526 • Richmond, VA 23218-0526
(804) 786-0321 • www.vdacs.virginia.gov • ocrregulatory@vdacs.virginia.gov

Revised 03/19

APPLICATION FOR REGISTRATION
CREDIT SERVICES BUSINESS

1. Name of business: _____

Trading as: _____

Business' primary address: _____

City: _____ State: _____ Zip: _____

Telephone _____ Email: _____

Business' mailing address (if different than primary address): _____

City: _____ State: _____ Zip: _____

Type of business: Corporation LLC
 Partnership Sole Proprietorship

If corporation, state of incorporation: _____

2. Name of registered agent in this Commonwealth authorized to receive service of process:

Address: _____

City: _____ State: _____ Zip: _____

3. List the name and address of any person who directly or indirectly owns or controls a ten percent or greater interest in the credit services business (Attach additional sheets if needed):

4. List the standard fees charged by your company with a brief explanation of the services performed for each fee.

5. Provide the name and address of the surety company that issued a bond or the name and address of the bank that issued a letter of credit pursuant to § 59.1-335.4.

Bond number or letter of credit number: _____

Effective date of 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).

6. Have you attached the **ORIGINAL, signed surety** (bond or letter of credit)? Yes No

If no, please explain why: _____

7. Has there been any litigation or unresolved complaint filed against you within the preceding five years with a governmental authority of the Commonwealth, or the governmental authority of any other state or the United States relating to the operation of your credit services business?

Yes No

If yes, attach a complete description and explanation of the litigation or unresolved complaint, including a statement indicating in what jurisdiction the action or complaint is pending.

If no, you must attest to the following:

I certify that there has been no litigation nor any unresolved complaints within the preceding five years with a governmental authority of the Commonwealth, any other state or the United States relating to the operation of the credit services business.

Date

Signature

Sworn and subscribed to before me, a notary public, in and for _____
State, City and/or County

On this _____ day of _____, 20____.

My commission expires: _____

Notary Public Signature

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 registration statement is true and correct.

Date

Signature

Print Name

Title

Sworn and subscribed to before me, a notary public, in and for _____
State, City and/or County

On this _____ day of _____, 20____.

My commission expires: _____

Notary Public Signature