

# ALABAMA CONSUMER FINANCE ASSOCIATION

P.O. Box 5539 • Suite C • 1415 Kathy Lane S.W. •  
Decatur, Alabama 35601

<b>MEMBERSHIP APPLICATION</b>
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(COMPANY NAME) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_

(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(PHONE) \_\_\_\_\_ (FAX) \_\_\_\_\_

(E-MAIL) \_\_\_\_\_

Officers: President: \_\_\_\_\_

Vice President: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

TYPE COMPANY- CONSUMER FINANCE:

MINI-CODE LICENSE # \_\_\_\_\_ SMALL LOAN LICENSE # \_\_\_\_\_

OTHER LICENSE # \_\_\_\_\_

ASSOCIATE MEMBERS: (STATE TYPE OF BUSINESS): \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS OR INCORPORATION DATE: \_\_\_\_\_

CREDIT INSURANCE CARRIER - NAME AND ADDRESS: \_\_\_\_\_

MULTIPLE OFFICE COMPANY: YES  NO  NUMBER OF OFFICES: \_\_\_\_\_ (If Multiple Offices - attach listings)

TOTAL NUMBER OF EMPLOYEES IN YOUR ORGANIZATION: \_\_\_\_\_

IS COMPANY A MEMBER OF ANY OTHER CONSUMER CREDIT ORGANIZATION? YES  NO

IF YES, NAME OF ORGANIZATION: \_\_\_\_\_

TYPE OF FINANCE BUSINESS IN WHICH COMPANY

INTENDS TO CONCENTRATE:  SMALL LOANS  MINI-CODE  DEFERRED PRESENTMENT

OTHER \_\_\_\_\_

