



Credit Access Business Application for Certificate of Registration

BUSINESS INFORMATION

Registered Business Name: _____

Operating Business Name: _____

Federal ID: _____ Date of Establishment in Temple: _____

Primary Contact Name: _____ Phone Number: _____

Email Address: _____

Onsite Manager Name: _____ Phone Number: _____

Email Address: _____

Location Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

MAIN OFFICE INFORMATION (IF DIFFERENT THAN ABOVE)

Registered Business Name: _____

Operating Business Name: _____

Federal ID: _____ Date of Establishment: _____

Primary Contact Name: _____ Phone Number: _____

Email Address: _____

Location Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

OWNERSHIP INFORMATION*

Owner's Name	Title	Phone Number
--------------	-------	--------------

Street Address

Mailing Address

Email Address

Extent of Interest in the Company

Owner's Name	Title	Phone Number
--------------	-------	--------------

Street Address

Mailing Address

Email Address

Extent of Interest in the Company

Owner's Name	Title	Phone Number
--------------	-------	--------------

Street Address

Mailing Address

Email Address

Extent of Interest in the Company

*If more space is needed, attach additional sheets to this application.

ADDITIONAL REQUIREMENTS

The following must be attached to your application:

- Copy of State License
- Copy of most recent Quarterly Report submitted to the State
- \$50 application fee

FOR OFFICE USE ONLY
<input type="checkbox"/> Filing Date: _____
<input type="checkbox"/> City File #: _____
<input type="checkbox"/> State License: _____
<input type="checkbox"/> New: _____ Renewal: _____
<input type="checkbox"/> Check #: _____