



CENTRAL OFFICE  
PO Box 3855  
Baltimore, MD 21217  
410-728-2400

## APPLICATION FOR A BRANCH OFFICE

**IT IS SPECIFICALLY AGREED AND UNDERSTOOD, MEMBERSHIP IS ONLY GRANTED TO AN INDIVIDUAL AND THE APPLICANT WHO SIGNS THIS APPLICATION IS THE PERSON WHO WILL BE CONSIDERED FOR MEMBERSHIP. MEMBERSHIP IS NOT ASSIGNABLE OR TRANSFERABLE.**

**IN ORDER FOR THIS APPLICATION TO BE PROCESSED ALL QUESTIONS MUST BE ANSWERED IN DETAIL, PHOTOS CLEARLY SHOWING THE OFFICE AND STORAGE FACILITY MUST BE SUPPLIED AND A CHECK IN THE AMOUNT OF \$400.00 NON-REFUND PROCESSING FEE ENCLOSED.**

FOR LISTING IN \_\_\_\_\_  
CITY STATE

NAME OF APPLICANT \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS (STREET) \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT) \_\_\_\_\_

CHATELS WILL BE STORED AT \_\_\_\_\_

TELEPHONE (DAYS) \_\_\_\_\_ (NIGHTS) \_\_\_\_\_

(TOLL FREE) \_\_\_\_\_

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

APPLICANT IS DOING BUSINESS AS (1) INDIVIDUAL \_\_\_\_\_ (2) PARTNERSHIP \_\_\_\_\_

(3) CORPORATION \_\_\_\_\_

TERRITORY YOU DESIRE TO SERVICE \_\_\_\_\_

IS REPOSSESSION THE SOLE BUSINESS CONDUCTED AT THIS LOCATION? \_\_\_\_\_ IF NOT WHAT OTHER BUSINESS ARE CONDUCTED THERE? \_\_\_\_\_

WHAT PERCENTAGE OF TIME DO YOU WORK AT THE ABOVE LOCATION? \_\_\_\_\_

NAME OF PERSON OPERATING THE BUSINESS AT THE ABOVE LOCATION \_\_\_\_\_

THIS PERSON 'S COMPLETE HOME ADDRESS \_\_\_\_\_

PERSON'S HOME PHONE \_\_\_\_\_

DO YOU MAINTAIN A LOCAL TELEPHONE FOR THE ABOVE OFFICE? \_\_\_\_\_ PHONE# \_\_\_\_\_

ARE INCOMING CALLS FORWARDED TO ANOTHER LOCATION? \_\_\_\_\_ IF YES. WHERE? \_\_\_\_\_

TOTAL # OF EMPLOYEES AT THE ABOVE LOCATION? \_\_\_\_\_ # OF OFFICE STAFF? \_\_\_\_\_ # OF REPOSSESSORS? \_\_\_\_\_

DO YOU RENT \_\_\_\_\_ OWN \_\_\_\_\_ LEASE \_\_\_\_\_ THE OFFICE AND/OR STORAGE FACILITY WHERE COLLATERAL IS STORED?

NAME ADDRESS & PHONE # OF LANDLORD \_\_\_\_\_

IF THE STORAGE FACILITY IS LOCATED OTHER THAN AT THE OFFICE ADDRESS WHAT IS THE DISTANCE FROM THE OFFICE TO THE STORAGE FACILITY? \_\_\_\_\_

**ATTACH A STATEMENT OF OPERATIONS FOR THE ABOVE LOCATION INCLUDING, BUT NOT LIMITED TO: 1) ANY TELEPHONE CALL FORWARDING SYSTEM USED. INCLUDING WHERE THE ORIGINAL ASSIGNMENTS WILL BE ACCEPTED AND THE PERSON RESPONSIBLE FOR SERVICING THESE ACCOUNTS: 2) DESCRIBE IN DETAIL HOW, WHEN AND WHERE REPOSSESSED COLLATERAL AND PERSONAL EFFECTS FOUND IN COLLATERAL WILL BE RELEASED TO DEBORTS AND/OR CLIENTS: 3) ANY SECURITY SYSTEMS FOR THE STORAGE LOT AND/OR OFFICE AND 4) ANY INFORMATION YOU BELIEVE WOULD BEST DESCRIBE THE BUSINESS OPERATIONS AT THE ABOVE ADDRESS.**

ARE YOU LICENSED UNDER ALL APPLICABLE STATE AND LOCAL LICENSING LAWS

A REGISTERED BY THE STATE OF \_\_\_\_\_

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

B REGISTERED BY THE CITY OF \_\_\_\_\_

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

C REGISTERED BY THE COUNTRY OF \_\_\_\_\_

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

**NOTE: IF YOUR LOCAL LAWS REQUIRE THE ABOVE LICENSING, ATTACH COPIES OF THE LICENSES TO APPLICATION**

HAVE YOUR OR OTHER PARTNERS OR OFFICERS WITHIN THE PAST 10 YEARS BEEN:  
 ADJUDGED A BRANRUPCT? \_\_\_\_\_ INDICTED ON A FELONY? \_\_\_\_\_ CONVICTED OF A FELONY? \_\_\_\_\_  
 IF SO EXPLAIN FULLY, GIVING NAMES, DATES AND LOCATIONS OF SUCH ACTION: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAMES AND ADDRESSES OF **CLIENTS** WHO CURRENTLY ENGAGE YOUR SERVICES AS A REPOSSESSOR.  
 FICING DATES WHEN YOU BEGAN SERVICING THESE CLIENTS AND PARTY TO CONTACT FOR VERIFICATION.  
**(GIVE AT LEAST SIX REFERENCES):**

COMPANY NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ TEL# \_\_\_\_\_

<b>POLICE VERIFICATION</b>		
I HEREBY CERTIFY THAT _____ HAS NO RECORD INSOFAR AS THE FILES OF THIS DEPARTMENT ARE CONCERNED:		
POLICE DEPARTMENT	TITLE	DATE

**IF I AM ELECTED TO MEMBERSHIP IN NATIONAL FINANCE ADJUSTORS, INC I AGREE TO PAY DUES AS SET FORTH IN THE ATTACHED SCHEDULE, AND TO ADHERE TO ALL THE RULES AND BY-LAWS OF THE ASSOCIATION AS WELL AS THE CODE OF ETHICS AND ANY FEDERAL, STATE OR LOCAL DECREES, ORDINANCES OR LAWS.**

**I HEREBY AGREE TO REIMBURSE THE CLIENT SECURITY INDEMNITY FUND ON ANY AND ALL SUNS PAID BY THE CLIENT ( SECURITY) INDEMNITY FUND, INCLUDING COSTS AND REASONABLE ATTORNEY FEES, ARISING OUT OF A CLAIM PAID AGAINST ME AS A MEMBER. UNTILI REIMBURSE THE CLIENT SECURITY INDEMNITY FUND, I AUTHORIZE NATIONAL FINANCE ADJUSTORS, INC. TO REPORT THIS INFORMATION AS A DEBT ON ANY CREDIT REPORTING SERVICE.**

**I HAVE READ THE ABOVE APPLICATION AND ANSWERS BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ .**  
**WITNESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_**  
(applicant)

Personally appeared before me, a Notary Public, in and for the state of \_\_\_\_\_  
 County of \_\_\_\_\_. this applicant \_\_\_\_\_ who made oath in due form that the above application and answers are true and correct to the best of his/her belief.

Witness my hand and seal: \_\_\_\_\_  
 NOTARY PUBLIC

My commission expires: \_\_\_\_\_

**BANK VERIFICATION & INFORMATION RELEASE**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From: NATIONAL FINANCE ADJUSTERS INC  
MEMBERSHIP CHAIRMAN

ATTN: \_\_\_\_\_

ATTN: \_\_\_\_\_

Re: Account # \_\_\_\_\_

Name: \_\_\_\_\_

I have submitted an application to National Finance Adjusters, Inc., ( NFA) in an effort to become a member of this national arganiuzation of Professional Recovery Specialists.

You will be servicing my interest best by completing the information requested in this form and returning to National Finance Adjusters, Inc. to the address listed above.

I hereby authorize you to verify the account listed above and complete the information requested below.

X \_\_\_\_\_

(Signature of Person Authorizing Release of Information.) Name, title, date & Phone

**INFORMATION BELOW MUST BE COMPLETED BY FINANCIAL INSTITUTION ONLY**

Account Name \_\_\_\_\_ Date Opened \_\_\_\_\_

Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_ Other \_\_\_\_\_

Personal Account \_\_\_\_\_ Business Account \_\_\_\_\_ Loan Account \_\_\_\_\_

Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Trust \_\_\_\_\_ Other \_\_\_\_\_

Authorized Signer(s) on Account \_\_\_\_\_

How Would You Rate Account? Good \_\_\_\_\_ Satisfactory \_\_\_\_\_ Fair \_\_\_\_\_ Other \_\_\_\_\_

Account Balance: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ Present \_\_\_\_\_

Restrictions and Comments \_\_\_\_\_

Financial Institution Contact: ( Name, Title, Date, Phone#)

CONTINUE ON REVERSE SIDE IF MORE THAN ONE VERIFICATION REQUESTED

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Account Balance: Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_ Present \_\_\_\_\_

Restrictions and Comments \_\_\_\_\_

Financial Institution Contact: ( Name, Title, Date, Phone# )

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Type of Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loan \_\_\_\_\_ Other \_\_\_\_\_

Personal Account \_\_\_\_\_ Business Account \_\_\_\_\_ Loan Account \_\_\_\_\_

Sole Owner \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Trust \_\_\_\_\_ Other \_\_\_\_\_

Authorized Signer(s) on Account \_\_\_\_\_

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Restrictions and Comments \_\_\_\_\_

Financial Institution Contact: ( Name, Title, Date, Phone# )