

Arkansas State Board of Collection Agencies
523 South Louisiana Street, Suite 460
Little Rock, Arkansas 72201
501-376-9814 Phone Number
501-372-5383 Fax Number

PROPOSED MANAGER INFORMATION

A. COLLECTION AGENCY INFORMATION:

License # _____

Agency Name _____

DBA Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Fax Number _____

Physical Location _____

City _____ State _____ Zip Code _____ Country _____

Phone Number _____ Fax Number _____

B. PROPOSED MANAGER:

Name _____ Email Address _____

Direct Work Phone _____ Work Fax _____

Home Phone _____ Other Phone _____

Home Address _____

City _____ State _____ Zip Code _____ Country _____

For how long? _____ Years _____ Months Spouse's Name _____

Date of Birth _____ Place of Birth _____ SSN# _____

F. AUTHORIZATION AND AFFIRMATION:

I, the undersigned, hereby authorize the Arkansas State Board of Collection Agencies to make reasonable inquiries of any law enforcement agency, financial institution, credit bureau or other similar entity for the purpose of determining my financial condition, criminal history, business experience, financial responsibility, competence, and/or character and fitness in connection with the engagement in the business of consumer and/or commercial collections. I hereby give my consent for the release of any inquiry results and/or background checks to the Arkansas State Board of Collection Agencies.

I hereby affirm that this application and/or any related attachments are submitted in compliance with Arkansas Code Annotated §17-24-101 et seq and the information provided herein is true, correct and complete. I also affirm that this agency's clients will be provided with the information required by Arkansas Code Annotated §17-24-310.

Date: _____

(Proposed Manager's Signature)

(Printed Name)

ACKNOWLEDGMENT

State of _____

County of _____

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, 2____.

(Notary Public)

(SEAL)

My commission expires:
