

# Credit and Collection Compliance Officer (CCCO) Designation Annual Renewal Application

## Applicant Information

Applicant Name \_\_\_\_\_ Applicant ID (if known) \_\_\_\_\_

Company Name \_\_\_\_\_ Company ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## Please Fill Out One Renewal Option Section Out of the Options Below:

**RENEWAL OPTION 1 (choose one)**

**Conference Attended** \_\_\_\_\_ **Year Attended** \_\_\_\_\_

- Spring Forum & Expo \_\_\_\_\_
- Annual Convention & Expo \_\_\_\_\_
- Fall Forum & Expo \_\_\_\_\_
- Washington Insights Conference \_\_\_\_\_

**RENEWAL OPTION 2 (must complete four seminars)**

SEMINARS: All seminars posted on our Events Calendar count as a compliance seminar except *Successful Hiring Strategies*.

Seminar Choices	Title of Seminar	Month & Year Completed
1) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
2) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
3) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
4) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____

**Payment Information – Payment Due with Application**

CCCO Renewal Fee: \$10.00

**Total Amount Due with Application:** \$ \_\_\_\_\_

Check enclosed. (*Make check payable to ACA International.*)

Credit Card (check one):  Visa  MasterCard  American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

We recommend not emailing forms containing credit card data. Fax or mail instead.

**Signature**

I certify the information provided on this application is true and accurate to the best of my knowledge.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Mail or Fax With Payment to:**

ACA International  
Attn: Customer Care Center  
4040 W. 70th Street, Minneapolis, MN 55435

Fax: (952) 926-1624