

# Credit and Collection Compliance Professional (CCCP) 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)

<u>Conference Attended</u>	<u>Year Attended</u>
<input type="checkbox"/> Spring Forum & Expo	_____
<input type="checkbox"/> Annual Convention & Expo	_____
<input type="checkbox"/> Fall Forum & Expo	_____
<input type="checkbox"/> Washington Insights Conference	_____

### RENEWAL OPTION 2 (must complete two)

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

<u>Seminar Choices</u>	<u>Title of Seminar</u>	<u>Month &amp; Year Completed</u>
1) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____
2) Compliance Hot Topic/ Core Curriculum/ Face-to-Face Seminar	_____	_____

### RENEWAL OPTION 3 – ACA Credit and Collection Compliance Officer Designation

Checking this box indicates you hold a current ACA Credit and Collection Compliance Officer (CCCO) Designation. Please fill out the payment information on page 2 to renew your CCCO Certificate.

### Payment Information – Payment Due with Application

CCCP 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 that 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