ASSOCIATED COLLECTION AGENCIES

– Colorado In-State Office Agent-
Registration Form

Collection Agency Name:_____

List **All** DBA'S* _____

A copy of your Colorado Collection agency license must be submitted with your registration. If you are in the process of applying for a license please check here___ and a copy can be submitted once you have received it.

ACAI Membership #_____

Address:_____

Mailing Address _____

City:_____ State:_____ Zip:_____

Resident Agent Service Requested: ___Yes ___NO

Service Start Date ____/____/202___

AGENCY CONTACT INFORMATION:

Primary Support Contact:_____

Phone: _____ Email Address:_____

Billing Contact:_____

Phone: _____ Email Address:_____

DEBTOR CONTACT INFORMATION:

Debtor Info Phone: _____ Email Address:_____

Debtor Toll Free Payment Phone:_____ Website:_____

Website Portal Address For Payments:_____

BILLING INFORMATION (*Invoices will appear in your email as: Associated Collection Agencies <account-services@inform.bill.com)*

Preferred Billing Cycle: Monthly _____Quarterly_____ Annually_____

We cannot be held responsible to process any items addressed to the DBA if not listed on the registration form. Please be sure to list all DBA's.

11160 W. Tennessee CT Lakewood, CO 80226 Phone & Fax: (303) 942-0099 acaco-wy@comcast.net