

Service Agreement

Made between Associated Collection Agencies Inc., (provider) and

_____(client). On this

_____day of _____, 20___.

Provider will supply client with an In-state Resident office to include:

- Colorado location with directory listing on building
- Colorado physical address & phone number for notices
- Consumer walk-in and call-in service provided by trained personnel
- Payment acceptance, reporting, and forwarding
- Colorado Registered agent-if requested (as required by the Secretary of State)

Services will be rendered for the following fees (please choose one):

□$ 70.00 per month if billed monthly
□$ 195.00 per quarter if billed quarterly
□$ 760.00 per year if billed annually
□$ 50.00 Annual Registered Agent Fee (if service requested)
There is a one-time set up fee of $50.00.

Agreement will renew automatically each period or until a written notice to terminate the agreement is received at least 30 days prior to the automatic renewal date.

Termination of the agreement by either party requires 30 days written notice. Upon termination any monies paid in advance will not be refunded, unless agreement is terminated by the provider.

Provider shall indemnify and hold harmless Client from any injury, loss, or damage arising out of any act or omission of Provider in connection with the services rendered.

Client shall indemnify and hold harmless Provider from any injury, loss, or damage arising from violation by the Client of any local, state, or federal law or regulations in connection with the services rendered.

Colorado's resident office requirement is mandated in §5-16-123(1)(b), C.R.S. As set forth in §5-16-122, C.R.S., the Colorado Administrator and licensing department must be notified of any change in contact information, including any change with your Colorado resident office, within 30 days of the change. Failure to comply with these requirements may jeopardize your Colorado license and subject your Agency to disciplinary action.

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



It remains your responsibility to complete all licensing requirements and ensure compliance with all Colorado specific requirements. Please consult with your own legal counsel or a MAP attorney to ensure you satisfy these obligations. For more information on Colorado's law and rules, please review C.R.S. §5-16-101 *et. seq.* and the corresponding Rules-CFDCPA, which can be accessed by visiting: ***www.coag.gov/car*.**
____ (Client initial).

I understand that Associated Collection Agencies Inc., cannot be held responsible to process any items addressed to the DBA if not listed on the instate office registration form.
____ (Client initial).

The resident office telephone number, while required to appear on correspondence, should not be displayed as client's primary contact number.

To ensure the resident office can promptly process payments and inquiries, client must designate an employee, and provide current contact information, so that the resident office staff can reach them during normal business hours to promptly resolve consumer questions or inquiries from the Administrator.

_____ _____
Associated Collection Agencies, Inc. Client

Date_____ Date_____

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