

COMPLETE THIS FORM AND ATTACH A FINANCIAL STATEMENT PREPARED AND SIGNED BY A CERTIFIED PUBLIC ACCOUNTANT (CPA) WITH THEIR LICENSE NUMBER AND ADDRESS.

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THE INFORMATION CONTAINED HEREIN TO BE HELD IN COMPLETE CONFIDENCE WITHIN THE TENNESSEE COLLECTION SERVICE BOARD.

(PERSONAL – PARTNERSHIP – CORPORATION)
(CIRCLE ONE OF THE ABOVE)

NAME OF COLLECTION SERVICE _____

FULL ADDRESS: _____
STREET & ADDRESS P.O. BOX CITY, STATE & ZIP CODE

APPLICANT'S AFFIDAVIT (YOU MUST COMPLETE ALL OF THE FOLLOWING INFORMATION)

I CERTIFY THE ATTACHED FINANCIAL INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. MY ACCOUNTANT'S INFORMATION IS PROVIDED BELOW.

CPA or PA Name: _____

CPA or PA License No.: _____

CPA or PA State of Licensure: _____

Company Name: _____

Company Address: _____

Company Phone No.: _____

Manager and/or Owner's Name (Print)

Manager and/or Owner's Signature

Agency Name

Sworn and subscribed to before me this _____ day of _____, 20____.

Notary Public _____

My Commission Expires: _____

*****Any misrepresentation and/or providing false or misleading information on this form may result in denial of a new application and/or in disciplinary action against a licensee upon renewal. This Board has authority to review and/or investigate any information provided in this application or renewal pursuant to T.C.A. § 62-20-115.**