



**CREDIT SERVICES ORGANIZATION
 REGISTRATION RENEWAL**

1. Company information:

Name (If partnership, list all partners): _____
 Physical address: _____
 City: _____ State: _____ ZIP: _____
 Mailing address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____
 Manager's name: _____
 E-mail address: _____ Web address: _____

2. List any other assumed names or business names to be used by the credit services organization.

3. List all branch offices, phone numbers, and managers. (Attach additional sheets, if needed.)

Name, if different from #1: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Manager's name: _____
 Name, if different from #1: _____ Phone: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Manager's name: _____

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
_____	_____
Credit card number	Expiration date
_____	_____
Name of cardholder as shown on credit card	

_____	\$
Cardholder signature	Amount

Make a check or money order in the amount of \$350 payable to Oregon Division of Finance & Corporate Securities. If paying by credit card, applicant must sign credit-card-information box.

Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0405

Fiscal use only: Initial: 61220/1008