

**Oregon Department of Consumer & Business Services**

**Division of Finance & Corporate Securities**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881

Mailing address: P.O. Box 14480, Salem, OR 97309-0405

503-378-4140 • Fax: 503-947-7862

http://dfcs.oregon.gov



**DEBT CONSOLIDATION AGENCY  
REGISTRATION RENEWAL**

**1. Company information:**

Registration no.: \_\_\_\_\_

Name: \_\_\_\_\_

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 debt consolidation agency.**

\_\_\_\_\_  
\_\_\_\_\_

**3. Provide a copy of the current fee schedule.**

**4. Client trust account (must be in an Oregon financial institution):**

Account no.: \_\_\_\_\_

Name of financial institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: - -
Credit card number		Expiration date	
Name of cardholder as shown on credit card			
Cardholder signature		\$ Amount	

**Make check or money order in the amount of \$200, 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: 61220/1007 12104/0600



