



## Membership Application

Please type or print

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### Membership Eligibility & Requirements

- Any person, firm or corporation who has been engaged in the third-party commercial collection business shall be eligible to apply for membership in this association.
- Membership shall be held in the name in which the member is doing business by a particular ownership and may be transferable based upon the review of the new membership by the Membership Review Committee.
- The applicant agency will maintain a separate Trust Account in accordance with the policy set by the Board of Directors. (Bank information pg. 2)
- Notice of the name of the applicant agency and its principal(s) will be presented to the existing IACC members in good standing for review and comments.
- Applicants must be licensed where required in the State or States in which the agency has its office or offices and the agency must also be in compliance with all local and state regulations governing the operation of a commercial collection agency in the State or States in which the agency has its office or offices. (Business information, pg. 2)
- Applicants must conduct their business in accordance with the Bylaws, the Code of Ethics and Rules and Regulations of this association as they may be updated periodically by the Board of Directors. The Code of Ethics and Rules and Regulations can be found on the IACC Website.
- U.S. Agency Applicants – The applicant agency agrees to post a surety bond in the minimum amount required by the States(s) in the State or States in which the agency has its office or offices. In the absence of a required bond, or if the required bond is less than \$50,000, the applicant agency agrees to post a blanket client bond or other type of bond in the amount of at least \$50,000 to cover all clients for failure to remit funds, other than a statutory bond. (Business information, pg. 2)
- International Agency Applicants – It being understood that countries outside of the United States may have bonding or insurance requirements that differ from the United States and that differ from country to country, an international applicant must provide an affidavit or affirmation together with its surety bond or insurance policy attesting to the fact that the bond or insurance policy being submitted is equal to or greater than the \$50,000 bond requirement for the U.S. applicants. In the absence of a Surety Bond and/or Trust Account requirement in their country, an international member must document and certify that they comply with the Client protection provisions (e.g., a bond, an insurance policy, a trust account, etc.) that are customary in their country.

### Company Information

Agency Name _____	Date of Application _____
Location Address _____	City _____ State _____ ZIP Code _____
Mailing Address _____	City _____ State _____ ZIP Code _____
County _____	Country _____
Phone _____	Fax _____
Year Business Was Founded _____	How Long Under Present Ownership? _____
Please check one: <input type="checkbox"/> Private Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Web Address _____	Main Contact Email _____
Main Contact Name _____	Direct Phone _____

### List Owners, Partners or Majority Stockholders

• Name _____	Title _____	% of Stock _____
Home Address _____	City _____	State _____ ZIP code _____
• Name _____	Title _____	% of Stock _____
Home Address _____	City _____	State _____ ZIP Code _____
• Name _____	Title _____	% of Stock _____
Home Address _____	City _____	State _____ ZIP Code _____

## Bank Information

As part of the application process, IACC verifies the existence of separate trust and operating bank accounts. An authorization form for you to complete will be faxed to you shortly. Please complete and return within one business day.

## Business Information

Name of Bonding Company \_\_\_\_\_ Amount of bond (please attach a photocopy of bond) \_\_\_\_\_

Type of bond: ☐ Statutory ☐ Blanket

What percentage of your business is commercial collections? \_\_\_\_\_ How long have you been handling commercial accounts? \_\_\_\_\_

Number of full-time employees (excluding agency's principals) \_\_\_\_\_ Number of part-time employees \_\_\_\_\_

Other states where you have offices \_\_\_\_\_

Do you do business internationally? Which countries? \_\_\_\_\_

## Please answer the following questions:

1. Work History—Attach the names of the agency's principals and their places of employment for the past eight years, giving dates of employment and termination. Attach as "Exhibit A."
2. Has any owner, partner, officer or office manager of the applicant agency:
  - a. Been placed in voluntary or involuntary bankruptcy, receivership, trusteeship or conservatorship? ..... ☐ Yes ☐ No
  - b. Been convicted of or entered a plea of guilty or *nolo contendere* with respect to any violation of a law or regulation relating to debt collection? ..... ☐ Yes ☐ No
  - c. Been convicted of any criminal offense (other than a traffic violation)? ..... ☐ Yes ☐ No
  - d. Been imprisoned? (If the answer to any of the above is "yes," attach complete details as "Exhibit B").. ..... ☐ Yes ☐ No
3. Has your agency received any complaint within the past three years that funds collected for a creditor were not remitted properly or in the proper amount? (If the answer is "yes," attach complete details as "Exhibit C")..... ☐ Yes ☐ No
4. Are any of the principals affiliated with any other business at present? (If the answer is "yes," attach complete details as "Exhibit D") .. ☐ Yes ☐ No
5. Is there any litigation pending against your agency at present? (If the answer is "yes," attach complete details as "Exhibit E"). ..... ☐ Yes ☐ No
6. Are you licensed and in compliance with all local and state regulations governing the operation of a commercial collection agency in the state or states in which the agency has its office or offices? (Please attach a copy of your state license as Exhibit "F")  
☐ No license requirements for my state ☐ Documentation attached as Exhibit "F")

## References

List the names of six firms (clients, other agencies or attorneys) for whom you have handled commercial collection business during the past year:

1) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

2) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

3) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

4) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

5) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

6) Company name \_\_\_\_\_ Contact person \_\_\_\_\_  
Title \_\_\_\_\_ Email address \_\_\_\_\_  
Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

### Membership Agreement and Signature

Applications accompanied by a remittance in full payment of non-refundable dues of \$599.00 and evidence of all of the above requirements shall be submitted for referral to the Membership Committee for review. We are making an application for membership in the International Association of Commercial Collectors, Inc. We authorize IACC to contact the above listed references. If accepted as a member, we agree to comply with the Bylaws and Code of Ethics of the International Association of Commercial Collectors, Inc. We further agree to advance the interests of the organization and to generally promote the welfare of the commercial collection profession to the best of our ability.

I believe the above statements to be true to the best of my knowledge.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Print Name \_\_\_\_\_

### Referral Source

How did you find out about membership in IACC?

☐ IACC website

☐ Promotional mailing, email or tradeshow (please specify)

\_\_\_\_\_

☐ Referral from a member

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

City, State, Country \_\_\_\_\_

☐ Other (please specify) \_\_\_\_\_

### Dues Payment Options\*

☐ Payment enclosed (please make check payable to IACC)

Please bill my credit card:

☐ Visa ☐ MasterCard ☐ American Express

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_ CVC \_\_\_\_\_

Signature \_\_\_\_\_

Wire Transfer: Please contact IACC at  
[iacc@commercialcollector.com](mailto:iacc@commercialcollector.com) for wire transfer information.

*\* Member dues are not deductible as a charitable contribution for tax purposes. They may, however, be fully deductible as a business expense.*

### APPLICATION CHECKLIST

Please confirm the following are included:

☐ Copy of bond(s) totalling \$50,000.

☐ Exhibit A (owner work history), plus any other applicable exhibits

☐ Exhibit F (copy of collection license for the state in which the agency has its office).

☐ Six references, including email addresses

☐ Dues payment.

☐ Additional Exhibits, if required.