

PLEASE SUPPLY PHONE & FAX
NUMBERS FOR ALL REFERENCES.



CENTRAL OFFICE
P.O. Box 3855
Baltimore, MD 21217
410-728-2400

APPLICATION FOR MEMBERSHIP

IT IS SPECIFICALLY AGREED AND UNDERSTOOD, MEMBERSHIP IS ONLY GRANTED TO AN INDIVIDUAL AND THE APPLICANT WHO SIGNS THIS APPLICATION IS THE PERSON WHO WILL BE CONSIDERED FOR MEMBERSHIP, MEMBERSHIP IS NOT ASSIGNABLE OR TRANSFERABLE.

IN ORDER FOR THIS APPLICATION TO BE PROCESSED ALL QUESTIONS MUST BE ANSWERED IN DETAIL: BOND FORM MUST BE COMPLETED: OUR FINANCIAL STATEMENT AND STATEMENT OF OPERATIONS FORMS MUST BE COMPLETED; A CURRENT INSURANCE CERTIFICATE MUST BE PROVIDED: AND A CHECK IN THE AMOUNT OF \$400.00 NON-REFUNDABLE PROCESSING FEE ENCLOSED.

FOR LISTING IN _____
CITY STATE

NAME OF APPLICANT: _____
BUSINESS NAME: _____
BUSINESS ADDRESS (STREET): _____
MAILING ADDRESS (IF DIFFERENT): _____
TELEPHONE (DAYTIME) _____ (EVENINGS) _____
(TOLL FREE) _____
(FAX) _____

APPLICANT IS DOING BUSINESS AS: (1) INDIVIDUAL _____ (2) PARTNERSHIP _____ (3) CORPORATION _____
TERRITORY YOU DESIRE TO SERVICE: _____

HOW LONG IN THE ADJUSTING BUSINESS? _____ HOW LONG IN BUSINESS FOR SELF? _____

DO YOU DEVOTE FULL TIME TO THE ADJUSTING BUSINESS? _____ IF NOT WHAT OTHER BUSINESS ARE YOU ENGAGED IN? _____

CHATELS WILL BE STORED AT: _____

ARE YOU LICENSED UNDER ALL APPLICABLE STATE AND LOCAL LICENSING LAWS

A. REGISTERED BY THE STATE OF: _____ LICENSE# _____
B. REGISTERED BY THE CITY OF: _____ LICENSE# _____
C. REGISTERED BY THE COUNTY OF: _____ LICENSE# _____

NOTE: IF YOUR LOCAL LAWS REQUIRE THE ABOVE LICENSING, ATTACH COPIES OF THE LICENSES TO APPLICATION

HAVE YOUR OR OTHER PARTNERS OR OFFICERS WITHIN THE PAST 10 YEARS BEEN ADJUDGED A BANKRUPT? _____ INDICTED ON A FELONY? _____ CONVICTED OF A FELONY? _____

IF SO EXPLAIN FULLY, GIVING NAMES, DATES, AND LOCATIONS OF SUCH ACTION: _____

NAMES AND ADDRESSES OF PREVIOUS EMPLOYERS (List at least 2)

COMPANY NAME _____	COMPANY NAME _____
ADDRESS _____	ADDRESS _____
CITY & STATE _____	CITY & STATE _____
SUPERVISOR _____	SUPERVISOR _____
FROM _____ TO _____ TEL# _____	FROM _____ TO _____ TEL# _____

NAMES AND ADDRESSES OF CLIENTS WHO CURRENTLY ENGAGE YOUR SERVICES AS A RECOVERY AGENT, GIVING DATES WHEN YOU BEGAN SERVICING THESE CLIENTS AND PARTY TO CONTACT FOR VERIFICATION. (GIVE AT LEAST SIX REFERENCES):

COMPANY NAME: _____ COMPANY NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

CONTACT: _____ CONTACT: _____

FROM: _____ TO: _____ TEL# _____ FROM: _____ TO: _____ TEL# _____

COMPANY NAME: _____ COMPANY NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

CONTACT: _____ CONTACT: _____

FROM: _____ TO: _____ TEL# _____ FROM: _____ TO: _____ TEL# _____

COMPANY NAME: _____ COMPANY NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY, STATE, ZIP: _____ CITY, STATE, ZIP: _____

CONTACT: _____ CONTACT: _____

FROM: _____ TO: _____ TEL# _____ FROM: _____ TO: _____ TEL# _____

POLICE VERIFICATION		
I HEREBY CERTIFY THAT _____ HAS NO RECORD		
INSOFAR AS THE FILES OF THIS DEPARTMENT ARE CONCERNED:		
POLICE DEPARTMENT	TITLE	DATE

I UNDERSTAND THAT NY APPLICATION FOR MEMBERSHIP IS PREDICATED UPON MY ABILITY TO BE BONDED BY NATIONAL FINANCE ADJUSTERS SELF-BONDING PROGRAM IN THE AMOUNT OF \$1,000,000.

SIGNED (APPLICANT'S NAME) DATE

IF I AM ELECTED TO MEMBERSHIP IS ON A ONE YEAR PROBATIONARY PERIOD, BEGINNING AT THE TIME I AM FORMALLY SWORN IN AS A MEMBER, AND THAT I WILL BE REQUIRED TO ATTEND THE FIRST ANNUAL CONVENTION FOLLOWING MY ELECTION FOR THE PURPOSE OF BEING SWORN IN.

SIGNED (APPLICANTS NAME) DATE

IF I AM ELECTED TO MEMBERSHIP IN NATIONAL FINANCE ADJUSTERS, INC I AGREE TO PAY DUES AS SET FORTH IN THE ATTACHED SCHEDULE, AND TO ADHERE TO ALL THE RULES AND BY-LAWS OF THE ASSOCIATION AS WELL AS THE CODE OF ETHICS AND ANY FEDERAL, STATE OR LOCAL DECREES, ORDINANCES OR LAWS.

I HEREBY AGREE TO REIMBURSE THE CLIENT SECURITY INDEMNITY FUND ON ANY AND ALL SUMS PAID BY THE CLIENT SECURITY INDEMNITY FUND, INCLUDING COSTS AND REASONABLE ATTORNEY FEES, ARISING OUT OF A CLAIM PAID AGAINST ME AS A MEMBER. UNTIL I REIMBURSE THE CLIENT SECURITY INDEMNITY FUND, I AUTHORIZE NATIONAL FINANCE ADJUSTERS, INC TO REPORT THIS INFORMATION AS A DEBT ON ANY CREDIT REPORTING SERVICE.

I HAVE READ THE ABOVE APPLICATION AND ANSWERS BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS _____ DAY OF _____, _____.

WITNESS: _____ **SIGNATURE:** _____
(Applicant)

This applicant, _____ personally appeared before me a Notary Public, in and for the State of _____ County of _____, who made oath in due form that the above application and answers are true and correct to the best of his/her belief.

Witness my hand and seal: _____
NOTARY PUBLIC

My commission expires: _____



Central Office
PO Box 3855
Baltimore, MD 21217
410-728-2400

APPLICATION FOR BOND

INDIVIDUAL NAME: _____

FIRM NAME: _____

COMPLETE ADDRESS: _____

BANK RECORD OF FIRM: _____

Name of Bank

Address of Bank

Account Number

Type of Account

BANK RECORD OF
APPLICANT

Name of Bank

Address of Bank

Account Number

Type of Account

**COMPLETE ONE: (SECTION 1, FOR INDIVIDUAL 2. FOR PARTNERSHIP, OR
3. FOR CORPORATION) AND SIGN SECTION 4**

SECTION 1, INDIVIDUAL OR ONE-OWNER COMPANY

OWNER'S NAME: _____ HOME PHONE: _____

COMPLETE HOME ADDRESS: _____

SOC. SEC.# _____ DOB: _____ DRIVERS LICENSE:# _____

HAVE YOU EVER BEEN DENIED A BOND? _____ IF YES. EXPLAIN _____

VERIFICATION OF RECORD BY LOCAL POLICE DEPT.

I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

SECTION 2. PARTNERSHIP

APPLICANT

PARTNER

NAME: _____

HOME ADDRESS: _____

CITY & STATE: _____

HOME PHONE: _____

DRIVER'S LIC _____

DOB _____ SOC SEC# _____

PERCENTAGE OF OWNERSHIP: _____

HAVE YOU EVER BEEN DENIED A BOND? _____
IF YES, ATTACH AN EXPLANATION.

NAME: _____

HOME ADDRESS: _____

CITY & STATE: _____

HOME PHONE: _____

DRIVER'S LIC _____

DOB _____ SOC SEC# _____

PERCENTAGE OF OWNERSHIP: _____

HAVE YOU EVER BEEN DENIED A BOND? _____
IF YES, ATTACH AN EXPLANATION.

VERIFICATION OF RECORD BY LOCAL POLICE DEPT. (FOR APPLICANT)

I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED, NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

VERIFICATION OF RECORD BY LOCAL POLICE DEPT. (FOR APPLICANT)

I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED, NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

**(ATTACH SEPARATE INFORMATION SHEET AND VERIFICATION OF POLICE RECORD FOR ANY
ADDITIONAL PARTNERS.)**

SECTION 3. CORPORATION

PRESIDENT: _____ HOME PHONE: _____
COMPLETE HOME ADDRESS: _____
SOC. SEC.# _____ DOB: _____ DRIVERS LIC# _____
HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO EXPLAIN: _____
PERCENTAGE OF STOCK OWNED BY PRESIDENT? _____

VERIFICATION OF RECORD BY LOCAL POLICE DEPT. (FOR PRESIDENT)
I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED, NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

VICE-PRESIDENT: _____ HOME PHONE: _____
COMPLETE HOME ADDRESS: _____
SOC SEC# _____ DOB: _____ DRIVERS LIC# _____
HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO, EXPLAIN: _____
PERCENTAGE OF STOCK OWNED BY VICE-PRESIDENT? _____

VERIFICATION OF RECORD BY LOCAL POLICE DEPT. (FOR VICE-PRESIDENT)
I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED, NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

SECRETARY-TREASURER: _____ HOME PHONE: _____
COMPLETE HOME ADDRESS: _____
SOC SEC# _____ DOB: _____ DRIVERS LIC# _____
HAVE YOU EVER BEEN DENIED A BOND? _____ IF SO, EXPLAIN: _____
PERCENTAGE OF STOCK OWNED BY SECRETARY-TREASURER? _____

VERIFICATION OF RECORD BY LOCAL POLICE DEPT. (FOR SEC-TREAS.)
I HEREBY CERTIFY THAT _____ HAS NO RECORD INsofar AS THE FILES OF THIS DEPARTMENT ARE CONCERNED, NOR ARE THERE ANY PENDING CRIMINAL CHARGES.

POLICE DEPT. OF: _____ BY: _____ TITLE: _____

PERCENTAGE OF STOCK OWNED BY ANY OTHER PARTIES: _____

SECTION 4. SIGNATURES

ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE AND CORRECT, WITH NO OMISSIONS OR MISREPRESENTATIONS, APPLICANT GRANTS PERMISSION TO THE ASSOCIATION TO VERIFY INDEPENDENTLY ALL INFORMATION CONTAINED HEREIN, INCLUDING PERMISSION TO OBTAIN A CREDIT REPORT AND INFORMATION FROM ANY OTHER REPORTING AGENCIES.

THE FINANCIAL STATEMENT/STATEMENTS ATTACHED TO THIS APPLICATION HAS/HAVE BEEN CAREFULLY READ BY THE UNDERSIGNED AND I/WE SOLEMNLY DECLARE AND CERTIFY THAT THIS IS THE TRUE AND CORRECT ACCOUNT OF THE FINANCIAL CONDITION OF THE (INDIVIDUAL) (PARTNERSHIP) (CORPORATION) ON THE DAY STATED.

IN THE CASE OF A PARTNERSHIP OR CORPORATION, A FINANCIAL STATEMENT MUST BE ATTACHED FOR THE FIRM, AS WELL AS A PERSONAL FINANCIAL STATEMENT FOR THE APPLICANT

Seal if Corporation

APPLICANT: _____
PARTNER: _____
OFFICER: _____ Title
OFFICER: _____ Title
OFFICER: _____ Title

DATED THIS _____ DAY OF _____, _____
WITNESS: _____
WITNESS: _____

FINANCIAL STATEMENT

NAME _____

ADDRESS _____

ASSETS	LIABILITIES
Cash on hand and in banks \$ _____	Accounts Payable - NOT DUE \$ _____
ACCTS REC - CURRENT \$ _____	Accounts Payable - Past Due _____
Accounts Rec- Past Due _____	Notes Payable - Bank _____
Total Accts, Rec _____	OTHER NOTES PAYABLE _____
Less Res Dbtful. Accts _____	Portion of Equipment Contracts and Chattel
Notes Receivable _____	Mortgages due within (1) Yr. _____
Less Receivable _____	Due Officers and Stockholders _____
Less Notes _____	Due Controlled or Affiliated
Readily Marketable	Cocerns _____
Securities (COST) _____	Due to Friends, Relatives or
(market Value \$ _____)	Members of Firm _____
Net Cash Surrender Value of	Reserve for Income Taxes _____
Life Insurance _____	Other Taxes Payable _____
Other Current Assets:	Accrued Liabilities: _____
_____ _____	Portion of Long Term Debt Due
_____ _____	Within one year _____
_____ _____	Other Current Liabilities: _____
_____ _____	_____ _____
_____ _____	_____ _____
TOTAL CURRENT ASSETS _____	TOTAL CURRENT LIABILITIES _____
Real Estate and Bldgs _____	Real Estate Encumbrances _____
Less: Res, for Depr. _____	Non-Current Portion of Equip. _____
Fixtures & Equipment _____	Contracts and Chattel Mortgages _____
Less: Res. for Depr. _____	Other Non-Current Debt (Describe): _____
Automobiles _____	_____ _____
Less: Res. for Depr. _____	_____ _____
Investments in Controlled or	_____ _____
Affiliated Concerns _____	_____ _____
Other Securities Owned (COST) _____	_____ _____
Due from Friends, Relatives	_____ _____
or Members of firm _____	_____ _____
Due from Controlled or	TOTAL LIABILITIES _____
Affiliated Concerns _____	OTHER RESERVES (describe):
Due from Officers or Stockholders _____	_____ _____
Other Non-Current Rebls. _____	_____ _____
Deffered and Prepaid Items _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	_____ _____
_____ _____	Net Worth (of an Individual or Partnership)
_____ _____	_____ _____
_____ _____	Captiol Stock (paid up) if a Corp. _____
_____ _____	Surplus and Undivided Profits. _____
_____ _____	TOTAL NET WORTH \$ _____

CONTINGENT LIABILITIES

(Not included on Page 1)

Acceptances, Contracts or Notes
 Discounted or Sold \$ _____
 Guarantor or Endorser for _____
 Otherwise (describe) _____

Has full provision been made on this statement for all doubtful receivables and are the above valuation on them conservative? _____

Are any assets pledged or any debts accrued except as indicated? _____

If so, please itemize by debt and security:

Are there any judgements, suits, claims or tax deficiencies now pending or in prospect against this concern? _____

Explain: _____

OPERATING RECORD

For period beginning _____, 2 _____ and ending _____, 2 _____

Loss Revenue \$ _____
 Loss: Operating Expenses _____
 Profit Before Income Taxes _____
 Federal and State Income Taxes _____
 Reserved and/or Paid on Above Profit _____

Net Profit _____

Total Depreciation and Amoritzation
 Included in Above Statement _____
 Deduction for Bad Accounts Included
 In Above Statement _____

Salaries to Executive Officers or
 Partners Included in Above Statement _____

Reconciliation of Surplus (if a Corporation)
 Surplus at beginning of period \$ _____
 Net Profit _____
 *Surplus credits _____
 Total _____

Dividends Paid _____
 Surplus Debits _____
 Surplus as of This Statement Date _____

*If Surplus Adjustments involve important transactions please give details below:

Reconciliation of Net Worth(if an individual or partnership)
 Net Worth at Beginning of Period _____
 Net Profit _____

Additional Investment _____
 Total _____
 Less Withdrawals _____
 Net worth as of This Statement Date _____

By whom was this statement prepared? _____

Fiscal year ends on _____

Are your books audited by an Independent accountant? If so, by whom

As of what date was the last audit made?

Was a separate signed report prepared by the accountant?

If applicant has his books audited by a Certified Public Accountant and receives an unqualified opinion on the Financial statements prepared by the accountant, the latest statements within the past year, together with footnotes thereto, and the Certified Public Accountant's unqualified opinions may be submitted in lieu of filling in the above statements.

BANK VERIFICATION & INFORMATION RELEASE

To: _____

From: NATIONAL FINANCE ADJUSTERS, INC.
MEMBERSHIP CHAIRMAN

ATTN.: _____

ATTN.: _____

“AUTHORIZATION”

Re: Account # _____

Name: _____

I have submitted an application to National Finance Adjusters, Inc., (NFA) in an effort to become a member of this national organization of Professional Recovery Specialists.

You will be servicing my interest best by completing the information requested in this form and returning to national Finance Adjusters, Inc. to the address listed above.

I hereby authorize you to verify the account listed above and complete the information requested below.

X _____
(Signature of Person Authorizing Release of Information.) Name, title, date & Phone

INFORMATION BELOW MUST BE COMPLETED BY FINANCIAL INSTITUTION ONLY

Account Name _____ Date Opened _____

Type of Account: Checking _____ Savings _____ Loan _____ Other _____

Personal Account _____ Business Account _____ Loan Account _____

Sole Owner _____ Partnership _____ Corporation _____ Trust _____

Other _____

Authorized Signer(s) on Account _____

How Would You Rate Account? Good _____ Satisfactory _____ Fair _____
Other _____

Account Balance: Low _____ Medium _____ High _____ Present _____

Restrictions and Comments _____

Financial Institution Contact: (Name, Title, Date, Phone#)

CONTINUE ON REVERSE SIDE IF MORE THAN ONE VERIFICATION REQUESTED

INFORMATION BELOW MUST BE COMPLETED BY FINANCIAL INSTITUTION ONLY

Account Name _____ Date Opened _____

Type of Account: Checking _____ Savings _____ Loan _____ Other _____
Personal Account _____ Business Account _____ Loan Account _____
Sole Owner _____ Partnership _____ Corporation _____
Trust _____ Other _____

Authorized Signer(s) on Account _____

How Would you Rate Account? Good _____ Satisfactory _____ Fair _____ Other _____

Account Balance: Low _____ Medium _____ High _____ Present _____

Restrictions and Comments _____

Financial Institution Contact: (Name, Title, Date, Phone#) _____

Account Name _____ Date Opened _____

Type of Account: Checking _____ Savings _____ Loan _____ Other _____
Personal Account _____ Business Account _____ Loan Account _____
Sole Owner _____ Partnership _____ Corporation _____
Trust _____ Other _____

Authorized Signer(s) on Account _____

How Would you Rate Account? Good _____ Satisfactory _____ Fair _____ Other _____

Account Balance: Low _____ Medium _____ High _____ Present _____

Restrictions and Comments _____

Financial Institution Contact: (Name, Title, Date, Phone#) _____