

NOTICE

The State of Oklahoma recently passed an immigration bill known as House Bill 1804, the Oklahoma Taxpayer and Citizen Protection Act of 2007. This bill went into effect on November 1, 2007.

One of the provisions of the bill is the requirement that all natural persons obtaining a license from the Department of Consumer Credit must show lawful presence in the United States.

You must submit an affidavit if:

- You are licensed individually as a Mortgage Loan Originator (MLO) or a Precious Metals Employee (PME)
- Your company is licensed, but the business is *not* Incorporated or a Limited Liability Company

You do not need to submit an affidavit if your business is registered as a corporation or an LLC. Please note that only those businesses that are legally incorporated or registered as LLCs are exempt from this requirement.

Attached are two affidavits (each person will choose one of these to sign):

- If you are a United States citizen, you will sign Form 1
- If you are a qualified alien and you can prove you are in the United States lawfully under the Federal Immigration and Naturalization Act, you will sign Form 2

All partners and owners of the company must complete and submit *one* of the appropriate affidavits. You are either a citizen OR a qualified alien -- please do not submit both forms. Make additional copies of the forms as needed. These affidavits must be notarized. We cannot accept faxed or emailed copies of these forms. You will need to mail them to us. Under Oklahoma law, we cannot issue or renew your license without the proper affidavit(s).

<u>Please do not call the Department with questions about the bill</u>. (You are welcome to call us with questions about your application.) This is a requirement of the State of Oklahoma; our Department has no authority to address it. If you need further information, you may call the Oklahoma House of Representatives at 1-800-522-8502, or you may review the text of the bill by visiting the following web link:

http://www.oscn.net/applications/oscn/deliverdocument.asp?id=448995&hits

As always, we appreciate your spirit of cooperation.

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

CSO

Form 1 - For U. S. Citizens

Affidavit of

	1 III www vie	VI	
	[Name of Individual	Applicant]	
	[Company Na	ime]	
STATE OF)		
COUNTY OF)		
		, of lawful aş	ge, being first duly sworn
[Printed Name of	of Individual Applicant]		
	I am a United St		
	[Signature of Ap	plicant]	
Subscribed and sworn to or a	ffirmed before me this	day of	, 20
NOTARY PUBLIC:			
Commission Number:			
My Commission Expires: _			
			(Seal)

Oklahoma Department of Consumer Credit

AFFIDAVIT VERIFYING LAWFUL PRESENCE IN THE UNITED STATES

CSO

Form 2 - For Qualified Aliens

Section A (Applicant's Informa	<u>tion)</u>	
Please type or print clearly. You must include a copy of both the front and back of your green card with this form.		
Full Legal Name of Applicant:		
Date of Birth: Social Security Numb	per:	
Nationality:		
Company Name:	 	
Section B (Notary)		
STATE OF)		
COUNTY OF)		
, of	lawful age, being first duly sworn.	
[Printed Name of Individual Applicant]		
upon oath states under penalty of perjury as follows:		
I am a qualified alien under the Federal Immigrat and I am lawfully present in the U	•	
[Signature of Applicant]		
Subscribed and sworn to or affirmed before me this day of _	, 20	
NOTARY PUBLIC:	-	
Commission Number:	-	
My Commission Expires:	(Seal)	

Oklahoma Dept. Of Consumer Credit ~ 4545 N. Lincoln Blvd., Suite. 164 ~ Oklahoma City, OK 73105-3403 Ph: (405) 521-3653 Fax: (405) 521-6740 In-State: 1 - (800) 448-4904

http://www.okdocc.state.ok.us

LICENSE APPLICATION INSTRUCTIONS

To make application for an Oklahoma Credit Services Organization License, all prescribed forms and additional required exhibits must be fully completed and mailed or delivered to:

> Office of the Administrator **Oklahoma Department of Consumer Credit** 4545 N. Lincoln Blvd., Suite 164 Oklahoma City, OK 73105-3403

All fees required must be submitted with the application. If incomplete, the application and fees will be returned, outlining missing requirements. Do Not Resubmit Until Complete. Upon receipt of a complete package, a staff member will carefully review all documents and an independent investigation will be made into the experience, character and general fitness of the Applicant(s).

All applications are reviewed in the order in which they are received. Any application received without all required information, notaries and signatures will be returned for completion. The reviewing process may take up to Sixty (60) Days from the receipt date of a complete application <u>package.</u>

LICENSE REQUIREMENTS

(The forms listed below are included in this packet)

A COMPLETE APPLICATION PACKAGE FOR A CREDIT SERVICES ORGANIZATION LICENSE IS COMPOSED OF:

- I. APPLICATION: (pages 6-8) These pages are for information on the business to be licensed, including mailing address, location, ownership, etc. Complete all sections that apply. Be sure to sign and notarize.
- II. PERSONAL AFFIDAVIT FORM: (pages 9-10) These pages are personal information sheets on all officers and directors, and the top stockholders of a corporate applicant; by all members of a limited liability Applicant; by every partner of a partnership Applicant; and by the owner when Applicant is a sole proprietorship. Be sure all forms are signed and notarized by each individual **described in this paragraph.** Make additional copies if needed.
- CREDIT SERVICES ORGANIZATION BOND FORM: (page 11) This page is for your required bond of \$10,000.00 (TEN THOUSAND DOLLARS) for each location. Take this form to the agent you are purchasing your bond from. Be sure all signatures are affixed and include the original bond with all attachments along with your application.
- IV. <u>DESIGNATED AGENT FORM</u>: (page 12) This page is for appointing a resident or corporation of Oklahoma to accept service of process for your business. Be sure form is signed by the Applicant.
- V. OUT OF STATE EXAMINATION AGREEMENT: (page 13) This page is for lenders whose records will be maintained in another state. You must complete this form showing that your company is willing to pay expenses for an examiner to visit your office to conduct the annual examination of books and records. Your office will be contacted before any such visit.
- VI. FINANCIAL STATEMENT: This statement must be recent (within 30 days) This statement must be signed and dated by the owner, member or an officer of the company and notarized by a notary public. If filing as a partnership, each partner must file a financial statement. Corporate applicants must file the most recent balance sheet.
- VII. TRUST ACCOUNT: Satisfactory evidence from a federally insured financial institution in Oklahoma of the existence of a trust account in this state, in the applicant's name. Typical evidence will include a copy of the account application for the trust account. If no funds are collected from the consumer up front, then you MUST include a letter with this application stating that you do not collect ANY funds from the consumer.
- VIII. BUSINESS FORMS: (pages 14-15) Copies of all business forms to be used in the business, including but not limited to the following:
 - Contracts to be executed with customers/borrowers;
 - B. Information Statement;
 - C. Cancellation Notice
 - IX. <u>CERTIFICATE OF FICTITIOUS NAME</u>: (pages 16-18) For Sole Proprietorships and General or Limited Partnerships: If doing business using a fictitious name, a filed copy of the Certificate of Fictitious Name must be submitted for sole proprietorships and general partnerships. Contact the county clerk's office in which the business is to be located. Instructions on how to file enclosed.

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http://www.okdocc.state.ok.us

*BRANCH LICENSE REQUIREMENTS

*BRANCH LICENSES: If you are applying for a branch location, you must complete:

- a) The main Application (pages 6-8),
- b) Personal Affidavit form for only new officers, directors, trustees, members or partners (pages 9-10),
- c) Credit Services License Bond Form for \$10,000 (TEN THOUSAND DOLLARS) for each additional location. (page 11)
- d) Designated Agent form (page 12)
- e) A check or money order for \$100.00 (ONE HUNDRED DOLLARS) made out to the Department of Consumer Credit.
- f) A recent financial statement or balance sheet signed dated and notarized by the owner of the business or an officer, member or partner of the company in order to complete your application.

X. A COPY OF ALL BASIC DOCUMENTS ESTABLISHING THE ENTITY;

A. FOR GENERAL PARTNERSHIPS:

- 1. A copy of the partnership agreement signed by all parties involved.
- 2. If the partnership does business under an assumed or fictitious name, supply a copy of a Certificate of Fictitious Name.
- 3. A list of the names, addresses and telephone numbers of the partners and their degree of ownership.

B. FOR LIMITED PARTNERSHIPS:

- 1. A copy of all documents submitted to the Office of the Oklahoma Secretary of State. Such copies must show the date the documents were filed.
- 2. If the partnership does business under an assumed or fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
- 3. A list of the names, addresses and telephone numbers of the partners and their degree of ownership.

C. FOR LIMITED LIABILITY COMPANIES:

- 1. A copy of the Articles of Organization and Certificate of Organization filed with the Secretary of State.
- 2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
- 3. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the LLC.

D. FOR DOMESTIC CORPORATIONS:

- 1. A copy of the Articles of Incorporation and Certificate of Incorporation filed with the Secretary of State.
- 2. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
- 3. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the corporation.

E. FOR FOREIGN CORPORATIONS:

- 1. A certificate duly executed not more than THIRTY (30) DAYS prior to the filing of the application by the proper officer showing that the Applicant is authorized to transact business in the state of incorporation.
- 2. A designation of the corporation's principal agent in Oklahoma, giving both name and address.
- 3. A copy of the Articles of Incorporation.
- 4. A Certificate of Authority issued by the Oklahoma Secretary of State.
- 5. If your business falls under one of the exemptions on the Secretary of State instructions sheet, highlight the exemptions that apply and submit a copy with your application.
- 6. If doing business using a fictitious name, supply a copy of the Trade Name Report filed with the Secretary of State.
- 7. A list of the names, addresses and telephone numbers of the three largest shareholders, officers and directors of the Foreign Corporation.

For information concerning above items, contact:

Oklahoma Secretary of State 101 State Capitol Building Oklahoma City, OK 73105 (405) 521-3911

XI. STATUTORY FEE FOR INVESTIGATION AND LICENSE: For new Credit Service Organization applications, the applicant shall pay \$100.00 (ONE HUNDRED DOLLARS) non-refundable investigation fee and \$100.00 (ONE HUNDRED DOLLARS) for each license as the annual fee provided in Title 24 O.S. Section 143

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LICENSE FEES AND RENEWAL REQUIREMENTS

When investigation, analysis, and approval of the application is complete, your license will be mailed to the designated address on the application for branch locations. In the case of a new license you will be contacted by a Department representative to schedule an appointment to pick up your license.

This license is to be prominently displayed in the licensed office so long as the licensee operates under the Oklahoma Credit Services Organization Act. In all correspondence or communication with this office subsequent to licensing, the licensee shall show the assigned number.

The licensee is to submit **annually** a **renewal fee** of **\$100.00** (**ONE HUNDRED DOLLARS**). This renewal fee is to be submitted **prior to December 1**st **of each year** and in no instance later than FIFTEEN (15) DAYS after written notification from the Administrator that the renewal fee has not been received. Renewals received after December 31st will be returned and your license will subsequently expire.

Annual renewal of the license is the responsibility of each licensee. The Department mails notice of this renewal to the Licensee. Records of delinquent filings become a permanent part of the license file.

The Administrator or his duly authorized representative may investigate the books, accounts, papers, correspondence and records of any licensee or other person holding a license, for the purpose of establishing compliance with the Rules of the Administrator and the Oklahoma Credit Services Organization Act. A minimum fee of \$200.00 (TWO HUNDRED DOLLARS) will be charged for this examination.

RULES OF THE ADMINISTRATOR

Official copies of the Rules of the Administrator may be obtained by contacting the **Office of Administrative Rules** located at **220 Will Rogers Building** in **Oklahoma City**. Telephone number is **(405) 521-4911** and mailing address:

O FFICE OF ADMINISTRATIVE RULES PO Box 53390 Oklahoma City, Oklahoma 73152

Copies are available at a cost of 25 cents per page. When you request to purchase these Rules from the Office of Administrative Rules, the person will need to know that you need to purchase Title 160, chapter (s) -

<u>Chapt</u>	ter	Section
1.	Organization	160:1
3.	Procedure	160:3
5.	Fees (general information)	160:5
10.	Consumer Leasing	160:10
15.	Pawn Transactions	160:15
20.	Changes in Dollar Amounts	160:20
25.	Credit Features Exempted from Advance Notice of Changes in Terms	160:25
30.	Credit Services Organizations	160:30
35.	Oklahoma Rental Purchase Act	160:35
40.	Garnishment Limitations	160:40
45.	Truth in Lending	160:45
50.	Health Spas	160:50
55.	Mortgage Brokers	160:55
65.	Supervised Lenders	160:65
70.	Deferred Deposit Lenders	160:70
	•	

Unofficial rules may be downloaded at the Commission on Consumer Credit web address: http://www.okdocc.state.ok.us.

LICENSEE CHANGES (ADDRESS, ETC.)

Licenses issued under the Oklahoma Credit Services Organization Act are issued on the basis of representations made on the application and supporting documents. Any substantial change in the information included in the application must be reported to the Administrator immediately. If any material misrepresentations or unreported changes of circumstances are subsequently discovered, the license is subject to revocation after it has been issued.

Changes in location, ownership, partners, and in the principal parties at interest in a corporation must be submitted in writing for approval Thirty (30) Days prior to the effective date of the change.

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LICENSE APPLICATION CHECKLIST

*The checklist below is provided to help ensure that you submit a complete application.

Any application received that is not complete will be returned. *

TASK	S TO BE COMPLETED:	X
1.	APPLICATION - SIGNED AND NOTARIZED	
2.	PERSONAL AFFIDAVIT(S) - <u>BE SURE TO SIGN AND NOTARIZE</u>	
3.	APPOINTMENT OF DESIGNATED AGENT - BE SURE TO SIGN	
4.	Financial Statement - <u>Not more than Thirty (30) Days old</u> <u>(signed and notarized)</u>	
5.	CERTIFICATE OF FICTITIOUS NAME (IF APPLICABLE) (COUNTY CLERK)	
	TRADE NAME REPORT (IF APPLICABLE) (SECRETARY OF STATE)	
6.	DOCUMENTS ESTABLISHING ENTITY:	
	PARTNERSHIP AGREEMENT (IF APPLICABLE)	
	DOMESTIC CORPORATION INFORMATION (IF APPLICABLE)	
	Limited Liability Information (If APPLICABLE)	
	FOREIGN CORPORATION INFORMATION (IF APPLICABLE)	
7.	SURETY BOND - BE SURE ALL SIGNATURES ARE PRESENT	
8.	COPIES OF FORMS TO BE USED	
9.	EVIDENCE OF TRUST ACCOUNT	
10.	STATUTORY FEES FOR INVESTIGATION AND FOR LICENSE	

<u>PLEASE RETAIN INSTRUCTIONS FOR FUTURE REFERENCE</u>

Please contact the Oklahoma Department of Commerce for information regarding additional licensing you may need at 1 (800) 879-6552

http://busdev3.odoc5.odoc.state.ok.us

(Click on "Developing Your Business", then on the next page, the "Business Licensing Program" link)

(CREDIT SERVICES ORGANIZATION LICENSE APPLICATION BEGINS ON NEXT PAGE)

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APPLICATION FOR CREDIT SERVICES ORGANIZATION LICENSE

Before the Administrator	`
DEFORE THE ADMINISTRATOR OF THE DEPARTMENT OF	,
OF THE DEPARTMENT OF Consumer Credit Of The	
STATE OF OKLAHOMA IN THE)
MATTER OF THE APPLICATION)
Of:)
)
)
(Name of business to be licensed)	
This application will not be processed unless accompanied by all require	<u>ed exhib</u>

bits and the statutory fees as follows:

- \$100.00 (ONE HUNDRED DOLLARS) non-refundable Investigation fee for one or more officers and \$100.00 A. (ONE HUNDRED DOLLARS) for each license annually provided.
- B. Every applicant shall file herewith a bond on forms furnished by the Administrator in an amount not less than \$10.000.00 (TEN THOUSAND DOLLARS).

THIS FORM MAY BE COMPLETED ONLINE AND PRINTED OUT, OR PRINTED THEN COMPLETED IN INK, OR USE TYPEWRITER. Answer all questions. Strike out any optional words which do not apply. ATTACH ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER ALL QUESTIONS.

Pursuant to, and in accordance with the provisions of the Oklahoma Credit Services Organizatio	n Act, and for the purposes in said law set forth,
Name of Applicant	
HTTP://	
E-Mail Website	
~I am (please check your applicable category)	
A Person, Association, Joint Stock Company or Trust, Co-Partnership, (Attach evidence of sole proprietorship, corporate, partnership or I	Corporation, or Limited Liability Company L.L.C. status)
With his/her/its principal office and/or mailing address lo	cated at:
Number and Street of mailing address	Telephone
City, State and Zip	Fax
Hereby applies to the Administrator of the Department of Consumer Credit of the State of	Oklahoma, for a Credit Services Organization
License for the calendar year ending December 31,, at the following location;	
Number and Street of business location	Telephone
City, State and Zip	Fax
\sim The applicant has a trust account at the following federally insured financial institution, wor personal account:	hich is separate from the applicant's operating
(Institutional Name and address) (Attach evidence, such as a recent bank statement or letter from bank officer)	(Account number)

~ Credit Services Organization Application ~

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Manager	Residential Address	
te, and Zip	County	
	T.W.	
e	E-Mail	
A. TO BE COMPLETED ONLY IF THE APPLIC	CANT IS AN INDIVIDUAL:	
Full Name		
B. TO BE COMPLETED ONLY IF THE APPLICATION OF THE A	CANT IS A PARTNERSHIP:	
Full Name of Partner	Full Name of Partner	
Full Name of Partn er	Full Name of Partner	
·	v	
~ Have Articles of Limited Partnership bee	en filed with the Secretary of State? Yes No	
C. To Be Completed Only If Applicant	Is a Limited Liability Company:	
E III	The Hart of the Ha	
Full Name of Member	Full Name of Member	
Full Name of Member	Full Name of Member	
ruii Name oj Member	ruu Name oj Member	
D. To Be Completed Only If Applicant	iled with the Secretary of State? Yes No IS A CORPORATION, ASSOCIATION, JOINT STOCK COMPANY OR TRUST: OFFICERS	
	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	
D. To Be Completed Only If Applicant Full Name of President	Is A Corporation, Association, Joint Stock Company Or Trust:	
	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	
Full Name of President	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President	
Full Name of President	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee Full Name of Director/Trustee	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee Full Name of Director/Trustee rustees, please specify using additional sheets if necessary.	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee Full Name of Director/Trustee	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or trustee ADDRI NAME AND RESIDENCE ADDRI 1.	Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	:
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or trustee NAME AND RESIDENCE ADDRESS.	Is A Corporation, Association, Joint Stock Company Or Trust: OFFICERS Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee Full Name of Director/Trustee rustees, please specify using additional sheets if necessary.	:
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or trustee and the Name of Director Address of the Name of Director	Address S A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or trustee ADDRI NAME AND RESIDENCE ADDRI 1.	Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr NAME AND RESIDENCE ADDR. 1. Name City, State, Zip 2.	Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or trustee and the Name AND RESIDENCE ADDRESS. 1	Address S A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr NAME AND RESIDENCE ADDR! 1. Name City, State, Zip 2. Name	Address S A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	f Owr
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr NAME AND RESIDENCE ADDR 1. Name City, State, Zip 2. Name City, State, Zip	Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	f Own
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr NAME AND RESIDENCE ADDR 1. Name City, State, Zip 2. Name City, State, Zip 3.	Full Name of Vice President Full Name of Secretary DIRECTORS AND TRUSTEES Full Name of Director/Trustee	f Own
Full Name of President Full Name of Treasurer Full Name of Director/Trustee Full Name of Director/Trustee Note: If there are additional officers, directors or tr NAME AND RESIDENCE ADDR 1. Name City, State, Zip 2. Name City, State, Zip	Address S A Corporation, Association, Joint Stock Company Or Trust: OFFICERS	f Own

~ Credit Services Organization Application ~

Oklahoma Dept. Of Consumer Credit ~ 4545 N. Lincoln Blvd., Suite. 164 ~ Oklahoma City, OK 73105-3403

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IN WITNESS WHEREOF, the applicant herein name	ed has caused the foregoing applicati	ion to be executed, this _	day of
	owledges that all statements made he	rein, and supporting sch	edules, are made
for the purpose of inducing the Administrator of the application.	Department of Consumer Credit of t	he State of Oklahoma to	grant said
			Name of Applicant
			Signature of Applicant or Agen
ATTEST: Corporate Secretary			
State of:			
County of:			
The person or persons whose signatures appear abo		-	
above named county and state, on the	day of	, 20	, and acknowledged the
execution of the foregoing instrument to be the volument	• • • • • • • • • • • • • • • • • • • •		
that they are duly authorized to execute the foregoin	g instrument, and that the statement	s and representations the	erein contained are true to
the best of their knowledge and belief.			
			Notary
SEAL			My Commission Expires

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STATE OF OKLAHOMA DEPARTMENT OF CONSUMER CREDIT

PERSONAL AFFIDAVIT OF ALL OFFICERS, DIRECTORS, TRUSTEES, OWNERS AND PARTNERS

Information as indicated herein is required to be filed by every officer and director of a corporate applicant, by every partner of a partnership applicant, by the owner when the applicant is a sole proprietorship, and by every member of a limited liability company. A separate form is to be filed by each person. (Make copies as necessary). The information indicated must be furnished fully and in detail. Separate exhibits should be attached when space provided is not sufficient to set forth the information completely. Only one executed copy should be filed.

Omissions will be construed as intentional failure to disclose a material fact and will be sufficient grounds for rejection.

To the Administrator of the Department of Consumer Credit:

The following information is furnished by the undersigned in conjunction with and is made a part of the application for license of:

L•		
• Jame of Applicant and Business as it is to appe	ear on the license	
•ull Name of person submitting this form		Social Security Number of person submitting this form
un Nume of person submitting this form		Social Security (varioes of person submitting this form
•_ itle as corporate official, partner or individua	ıl owner submitting this form	
1. Furnish date, city, state and county of birth (If)		
furnish date, city, state and county of birth (If	foreign born, furnish date of place of natur	ralization)
	HTTP://_	
5. E-Mail	HTTP://	Website
	t TEN (10) YEARS: (Provide dates, co	omplete address and whether rented or owned. Attach extra sheets if
ecessary.)		

~ Credit Services Organization Application ~

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7. Occupational record during the last ten (10) years: NOTE: All periods of time must be accounted for; periods of unemploys position held and nature of the duties performed	nent should be indicated and dates given. Provide date, name and address of employer,
8. Have you ever been discharged for cause or have you ever bee (If yes, furnish details. Attach extra sheets if necessary)	en requested to resign from any position? YesNo
9. Have you ever been convicted of a felony or violation of any la (If yes, furnish details. Attach extra sheets if necessary)	w of the State of Oklahoma? YesNo
10. Are there any legal actions pending against you at this time? (If yes, furnish details. Attach extra sheets if necessary)	Yes No
No	tarization
State of:	
County of:	
Before me, the undersigned authority, being duly sworn accordin and correct.	g to law, deposes and says that the statements contained herein are true
CATE A III	Signature of person completing this form
20TAIL	
	Notary
	My Commission Expires
	My Commission Expires

\sim Credit Services Organization Application \sim

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STATE OF OKLAHOMA DEPARTMENT OF CONSUMER CREDIT CREDIT SERVICES ORGANIZATION LICENSE BOND

KNOW ALL MEN BY THESE PRESENT THAT	NAME OR PRINCIPAL/BUSINESS)		
(Street Address)	01((City, State & Zip)	,
in the County of			
as Principal, and			
a corporation duly organized and existing under the	laws of	, and being duly	qualified to transact business in the
State of Oklahoma, as Surety, are holden and stan	d firmly bound unto the Admir	nistrator of the Department	of Consumer Credit of the State of
Oklahoma, for the use of the State and any person of	r persons who may have a cause	of action against the obligor	of this bond under the provisions of
OKLAHOMA CREDIT SERVICES ORGANIZA	ATION ACT, in the just sum of	TEN THOUSAND DOLL	ARS (\$10,000) to be paid to the said
Administrator as aforesaid, or his successor in office	e, to which payment will and tru	aly be made, we hereby joint	tly and severally bind ourselves, our
respective heirs, executors and administrators, succe	ssors and assign, firmly by these	e presents.	
THE CONDITION OF THIS OBLIGATION IS S	SUCH THAT if said		,
its/his officers, agents or employees shall faithfully of	Prince Observe and comply with all of the	<i>cipal)</i> he provisions of the aforesaid	d statute, then this obligation shall be
void; otherwise to be and remain in full force and			
effective unless and until written notice of intentior			•
prior to the date fixed in said notice of cancellation.			(ev) =
p-101 to the date initial in only 10100 of cancerianon.			
IN WITNESS WHEREOF we have hereunto set ou	ur hands and seals this	day of	of the year 20
			(Applicant)
© E: A II			
		By:	
			(7)
			(Surety)
Countersigned:		By:	
(Oklahoma Resident Agent)			
Dand Number			
Bond Number			
	Do Not Write Below This	s Line	
Approved this day of	of the year 20		
approved this uay of	or the year 20		
			(Administrator's Signature,

~ Credit Services Organization Application ~

Oklahoma Dept. Of Consumer Credit ~ 4545 N. Lincoln Blvd., Suite. 164 ~ Oklahoma City, OK 73105-3403

Ph: (405) 521-3653 Fax: (405) 521-6740 In-State: 1 - (800) 448-4904

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APPOINTMENT OF DESIGNATED AGENT AND CONSENT TO SERVICE

MUST BE COMPLETED BY ALL APPLICANTS

The undersigned	being
(Name of Applicant/Business) an applicant for or holder of an Oklahoma Credit Services Organization License Chapter 8, Section 131 through and including 147, does hereby appoint:	under the provisions of Title 24 of the Oklahoma Statutes,
Name in Full)	
of	
(Resident Address)	
(City, State, Zip)	(Telephone)
a resident of the State of Oklahoma and County of	
as agent upon whom may be served all judicial and other process or legal notice dir the state, or any legal disability or disqualification of such agent, service of all such Administrator of the Department of Consumer Credit, State of Oklahoma.	
IN WITNESS WHEREOF, the above named applicant has caused this instrument 20	to be signed thisday of,
NOTE: This consent must be signed by the proper officers, duly authorized by resduly executed should be attached hereto.	solution of the Board of Directors and a copy of the said resolution
	Name of Applicant/Business
	Signature of Applicant
CORPORATE SEAL	Signature of Applicant- If needed
	Signature of Applicant - If needed
	Signature of Applicant - If needed

\sim Credit Services Organization Application \sim

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Sample Documents

* This Contract Agreement is provided by the Department of Consumer Credit for informational purposes only. *

CONTRACT AGREEMENT

This ag	reeme	nt da	ite this	day of	, in the year 20	, is made between	,	
whose			address	is			,	
referred	to as	s (I,	you, buyer)	, as appropriate, an				
						, referred to as		
					of full or partial refunds	description of the services to be per "if applicable" and the estimated deservices.		
	2.				omer the terms and cond ervice organization or to	itions of payment, including the total some other person.	l of all payments to be made by the	
3. In this paragraph you are required to disclose the name and address of your service agent. Example: The person receive service of process in this state is, whose address is								
				<u>NO</u>	TE: The statement listed	l below must be in bold face type.		
					act at any time prior to r an explanation of this	midnight of the fifth day after th right."	e date of the transaction. See the	
Buyers	Signat	ure			Date		_	
Buyers S	The	con		accompanied by a c guage as used in the		cate, captioned "Notice of Cancella	- ation" that shall be attached to the	
					"NOTICE OF CAN	CELLATION"		
You ma	y can	cel t	his contract,	without any penalty	y or obligation, within f	ive (5) days from the date the cont	ract is signed.	
If you cancella				nade by you under	this contract, will be	returned with ten (10) days follow	ing receipt by the seller of your	
				or deliver a signed siness) not later tha		ncellation notice, or any other wr	itten notice to (Name of Seller) at	
I hereb	y cano	el th	is transactio	on, (Date).				
(Purcha	ser's l	Signa	iture)					
				shall give to the buy ime they are signed.	er a copy of the complet	ed contract and all other documents t	he credit service organization	

^{*} This Contract Agreement is provided by the Department of Consumer Credit for informational purposes only. *

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Sample Documents

* This Information Statement is provided by the Department of Consumer Credit for informational purposes only. *

INFORMATION STATEMENT

(Company Name) (Address) (City, State Zip)

Customer Signature

We are required by law to provide this information statement before the execution of a contract or before the receipt of any money or other valuable consideration

vait	datic consideration.	
1.	You have the right to review any file maintained by any consumer credit reporting agency, as provided u Act, 15 U.S.C., Sections 1681 through 1681t.	nder the Federal Fair Credit Reporting
2.	You have the right to review the above mentioned file at no charge if a request is made to the consume (30) days after receiving notice that credit has been denied. If credit was not denied the approxim \$	
3.	You have the right to dispute the completeness or accuracy of any item contained in your file which reporting agency.	n is maintained by a consumer credi
4.	In this paragraph give your customer a <u>detailed description</u> of the services to be performed by your cobuyer will have to pay, or become obligated to pay, for your services.	empany including the total amount the
5.	You have the right to proceed against the bond or trust account we are required by law to maintain. company that issued the bond is:	•
I ha	ve received a copy of the above information statement.	

Date

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INSTRUCTIONS ON HOW TO FILE A CERTIFICATE OF FICTITIOUS NAME

- 1. A Certificate of Fictitious Name is a name used for a business when any name except the name of the owner is used; i.e. John Doe doing business as Ace Credit Services.
- 2. To form a corporation, contact the Oklahoma Secretary of State at (405) 521-3911.
- **3.** To form a limited partnership, contact the Oklahoma Secretary of State.
- **4.** To form a limited liability company, contact the Oklahoma Secretary of State.
- 5. When you have chosen the name you want to use for your business, contact your county clerk's office to be sure the name is not already in use.
- 6. Contact the Oklahoma Secretary of State to make sure the name you choose is not already being used as a corporate, limited partnership or limited liability name.
- 7. There is no form for a Certificate of Fictitious Name. Draw up your own using the enclosed guideline as an example.
- **8.** Be sure to have your signature(s) notarized.
- **9.** Be sure to show your return address on the face of your certificate.
- **10.** Publication is optional for sole proprietors.
- 11. Limited partnerships are not required to publish, but must be on file with the Secretary of State.
- 12. General Partnerships: Take a copy of your certificate to any newspaper in the county in which you file and have it published for one day. Obtain a publishers Affidavit and attach it to your original certificate.
- 13. A Certificate of Fictitious name is to be filed in the county in which the principal place of business is located.
- 14. Check with your county clerks for filing fee.

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GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME **SOLE OWNERSHIP**

NOTE: This is a guide, not a form to fill in the spaces. Type your own certificate giving all required information. If necessary, you may change the wording to fit your needs.

Certificate of Fictitious Name of

(Name you have chosen)

1	K	٦	١	J	ſ)	V	J	1	١	T	I	i.	1	V	1	F	7	١	J	F	3	۲	7	Т	٦)	Ρ	ľ	F	(7	F	Ü	Р	ŀ	?	F	7	S	1	F	١	J	Т	٦.	•

KNOW ALL MEN BY T	HESE PRESENT:			
Γhat (<u>your name and add</u>	<u>(ress</u>), is the sole owner and operator	of (<u>type of business</u>), under th	ne firm name of (<u>name of busin</u>	ess), and
hat said business is a sol	e ownership, dating from the	day of	, 20	; and
hat there are no other me	mbers belonging to the sole ownersh	ip.		
Dated this	day of	, 20		
		Signature	of Owner	
State of:				
County of:				
Before me, the undersign rue and correct.	ed authority, being duly sworn accor	ding to law, deposes and says	that the statements contained h	erein are
Chief A	A T ir			Notary
SEA	L ,		W.G	
			My Commiss	ion Expires

Return to: Your name

> Your return address Your city, state and zip

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GUIDE FOR TYPING YOUR CERTIFICATE OF FICTITIOUS NAME GENERAL PARTNERSHIP

NOTE: **This is a guide, not a form to fill in the spaces.** Type your own certificate giving all required information. If necessary, change the wording to fit your needs. (For instance, if a partner does not live in Oklahoma County, give county where each lives).

Certificate of Fictitious Name of

(Name you have chosen)

	Y THESE PRESENT:			
_	_	_	the business of ownership and management of (<u>tr</u>	
			a general or limited partnership, dating from the _	day of
			incipals' place of business for this partnership is	
	<u>(give complete add</u>	iress including n	ame of one person or service at that location).	
General Partners			Residence Address	
1				
2				
Limited Partners			Residence Address	
1				
2				
				Signature of Partner
State of:				Signature of Partner
County of:				
Before me, the unders true and correct.	signed authority, being o	duly sworn accor	ding to law, deposes and says that the statements c	ontained herein are
S	EAL			Notary

My Commission Expires

OKLAHOMA DEPARTMENT OF CONSUMER CREDIT

EXAMINATION & RECORD KEEPING INFORMATION

The Applicant/Licensee requests approval to keep records outside Oklahoma and/or keep such records in electronic or other forms of reproduction as authorized under Oklahoma Credit Services Organization Act Section 146 of Title 24, Chapter 8; and Oklahoma Administrative Code Title 160, Chapter 30, 160:30-9-1. It is understood that, without the prior written approval of the request by the Administrator of the Department of Consumer Credit, hardcopies of records must be maintained within Oklahoma and made available for examination at an office in Oklahoma.

Name of Applicant/Licensee		Lic. #
Main Office Address		
City/Town	State	Zip
Contact Person for questions on	this Request	
Telephone ()		
Location where you intend to ke	ep records (if differen	at from above)
Address		
City/Town	State	Zip
RECORDS TO BE MAINT	'AINED IN A FORM	I OTHER THAN HARDCOPY
	electronic or other fo	copy or reproduce books, accounts orms other than hardcopy and will purpose of examination.
Describe how books, accounts a	nd records will be ma	intained.
		ide accessible to the Department for

LOCATION OF EXAMINATION

Applicant/Licensee requests approval to 1 Oklahoma. In order to facilitate a full exam	maintain books, accounts and records outside mination of this license
the Oklahoma Administrator's representation books and records pertaining to loans made	hereby agrees to pay the expenses of ative(s) in conducting an examination or your e in Oklahoma.
examiner's air/train fares, hotel accommo	Licensee to pay the additional expenses for odations, motor vehicle rentals, private motor tensation for any compensatory time required to
The above expenses are understood to (\$200.00) examination fee.	be in addition to the Two Hundred Dollars
It is further understood that this agreement	
an office outside the State of Oklahoma.	_ may keep obligations signed by borrowers at
Contact Person at Location	
Address	
City/Town St	tateZip
Office Hours	
Describe space available for examination _	
	FICATION
I,	, a duly authorized officer of
(Name and Title)	
(Applicant/I	Licensee)
	and accounts of the Applicant/Licensee in Request, which is submitted to the Oklahoma
(Date)	(Signature)