



Online Membership Application Form

Name of Business: _____

Details of any other trading name and subsidiaries under which you do business:

Do all these names appear on your credit licence? YES NO
(It is only legal to trade under the names on your licence.)

Company registration number: (For limited companies only)

Full name of partners or directors and the positions they hold:

Principal registered address:

Tel no: _____

Fax no: _____

E-mail: _____

Website: _____

Tick the appropriate box(es) to indicate the types of services you offer:

- | | | |
|---|--|---|
| <input type="radio"/> Personal loans (unsecured) | <input type="radio"/> Pawnbroking | <input type="radio"/> In-house canvassing |
| <input type="radio"/> Secured loans | <input type="radio"/> Canvassing (as your primary business) | <input type="radio"/> Hire purchase |
| <input type="radio"/> Cheque cashing | <input type="radio"/> Voucher trading | <input type="radio"/> Third party debt collection |
| <input type="radio"/> Delayed presentation cheques | <input type="radio"/> Credit broking | <input type="radio"/> Use outside canvassers |
| <input type="radio"/> Merchandise credit | <input type="radio"/> Hampers | |

Tick the appropriate box(es) to indicate your customers' payment methods

- Home collection
 Office payment

Number of employees and/or agents (including self-employed) in your business

Credit licence no:
(Please enclose a photocopy of your licence with this application form)

Please contact the CCA office on 01244 312044 to check the membership fee and regional levy that will apply to your business (based on the number of employees).

Cheque enclosed for £
(Total of membership fee and regional levy)

Which geographical areas does your business cover?

How many years have you held a credit licence?

Please list any other trade associations you belong to:

Have you ever been refused membership by a trade organisation? YES NO

How did you find out about the CCA?

I confirm that the details supplied on this form are true. I agree with the Objects of the Association and will abide by its full Constitution, Code of Practice and Business Pledge. (Copies of these documents are available from the CCA office)

Full name: _____

Signed: _____

Position in the company: _____

Tel no: _____ Fax no: _____

E-mail: _____

Date: _____