



Allied FINANCE ADJUSTERS CONFERENCE, INC.

REPRESENTING THE RECOVERY NEEDS OF LENDERS FROM COAST TO COAST WITH HONESTY AND INTEGRITY SINCE 1936

MEMBERSHIP APPLICATION

FOR THE TERRITORY OF:

APPROVED OR REJECTED

PRESIDENT

APPROVE _____ REJECT _____

FIRST VICE PRESIDENT

APPROVE _____ REJECT _____

SECOND VICE PRESIDENT

APPROVE _____ REJECT _____

SECRETARY

APPROVE _____ REJECT _____

TREASURER

APPROVE _____ REJECT _____

CHAIRMAN OF THE BOARD - TIE BREAKER

APPROVE _____ REJECT _____



ALLIED CODE OF ETHICS

1. To serve the business of finance with loyalty and to cooperate with the finance industry, its executives, collectors, managers and representatives in the proper handling of assignments.
2. To conduct ourselves so as to command respect and confidence.
3. To promote, by an unvarying attitude of fairness, competence, integrity and proper respect for the persons with whom we have dealings, good will toward business and finance.
4. To approach investigations and adjustments with an unprejudiced and open mind.
5. To make truthful and unbiased reports of facts as we find them.
6. To resist influences tending to produce improper alliances and to serve our clients fearlessly.
7. To render equitable bills and to strive for economy in expense.
8. To refrain from improper solicitation.
9. To render the highest quality of service.
10. To work in harmony with one another and with our clients so as to foster cordial relationships among ourselves and with the finance fraternity.



Allied FINANCE ADJUSTERS CONFERENCE, INC.
PAGE 2 MEMBERSHIP APPLICATION

BUSINESS TRADE NAME _____

PHYSICAL ADDRESS _____

POST OFFICE BOX _____

CITY _____ STATE _____ ZIP _____

TELEPHONE # _____ FAX # _____ TOLL FREE _____

EMAIL ADDRESS _____ WEB ADDRESS _____

IS THE BUSINESS A: CORPORATION ___ LLC ___ PARTNERSHIP ___ SOLE PROPRIETOR ___ OTHER ___

If the application is for a partnership or corporation, who do you want Allied to recognize as the member? _____

Nearest relative not living in the household with the applicant? NAME _____

Address _____ City _____ State _____ Zip _____

Phone _____ Relationship _____

Please show who will hold the membership:

Name _____ Length of time in business _____

Do you devote full time to the recovery business? Yes ___ No ___ If no, what other business are you engaged in _____

What percentage of time is spent working the recovery business _____ Working other endeavors _____

If you are licensed under any state or local law, indicate below, give license number and include copies of the licenses with application

State of _____ License number _____

County of _____ License number _____

City of _____ License number _____

Has anyone in your business ever been denied a license of any type? Denied a bond of any kind? (Or) Convicted on any felony charge?

Yes ___ No ___ if yes please explain in detail; _____

Are you, your partners or corporate officers financially or otherwise connected in any way with the following industries?

New or used car sales (y) ___ (n) ___ Repair garage or shop (y) ___ (n) ___ Finance or lending institution (y) ___ (n) ___

Repossession forwarding company (y) ___ (n) ___ Repossession trade associations (y) ___ (n) _____. If the answer to any question is a yes

Please explain in detail (use an extra sheet of paper if necessary) _____

LIST THREE CLIENT REFERENCES THAT YOU ARE CURRENTLY DOING BUSINESS WITH:

NAME OF CLIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ CONTACT PERSON _____

NAME OF CLIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ CONTACT PERSON _____

NAME OF CLIENT _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE # _____ FAX # _____ CONTACT PERSON _____

BUSINESS BANK ACCOUNT INFORMATION:

NAME OF BANK _____

OPERATING ACCOUNT # _____

TRUST ACCOUNT # _____

NAME OF BANK _____

PHONE NUMBER _____ FAX NUMBER _____

CONTACT PERSON _____

PLEASE ATTACH TWO PASSPORT PHOTOS OF THE APPLICANT MEMBER OR THE DESIGNATED APPLICANT MEMBER. THESE PHOTOS SHOULD NOT BE MORE THAN SIX MONTHS OLD, SHOULD BE OF PASSPORT QUALITY AND THE PERSON IN THE PHOTO SHOULD BE DRESSED IN PROPER BUSINESS ATTIRE. MEN, JACKETS AND TIES, LADIES BLOUSES OR JACKETS. 35MM AND POLOROID QUALITY PHOTOS WILL NOT BE ACCEPTABLE. ONE PHOTO STAYS WITH YOUR APPLICATION AND THE OTHER WILL BE PLACED IN THE NEXT ALLIED MEMBER DIRECTORY AND ON THE ALLIED WEBSITE.

(PHOTO)

(PHOTO)

Allied FINANCE ADJUSTERS CONFERENCE, INC.
PAGE 4 MEMBERSHIP APPLICATION

Should my / our application for membership into Allied Finance Adjusters Conference, Inc. be accepted, I / we understand that I / we will respect and abide by all the bylaws of the association and the code of ethics that govern this association.

Waiver:

Applicant (s) hereby affirm that the information in this application and any accompanying documents is true, correct and complete. Applicant (s) also understand that this application for membership in Allied Finance Adjusters Conference, Inc. is a commercial transaction and as such is not subject to the protections afforded individuals under the Consumer Protection Laws. Allied or its agents may make any investigation concerning me / us or any business we are or have been involved in that it feels appropriate and I / we hereby release Allied finance Adjusters conference, Inc. its agents and persons furnishing any and all information and facts from any and all liability or claims, actual or implied which might emanate from said investigation. If my / our application is accepted, I / we understand that Allied's Bond Trustee or the Executive Committee may re-check my credit at any time if Allied / he / they receive a Bond Claim against me or believe that there may be a potential bond claim against me / us.

I / we having read and understand the above waiver and consent thereto affix our names as follows:

(IF A CORPORATION SIGN HERE)

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

DIRECTOR _____

DIRECTOR _____

DIRECTOR _____

(IF A PARTNERSHIP SIGN HERE)

PARTNER _____

PARTNER _____

PARTNER _____

(IF A SOLE PROPRIETORSHIP SIGN HERE)

Allied FINANCE ADJUSTERS CONFERENCE, INC.

POLICE VERIFICATION AND BACKGROUND CHECK

TO WHOM IT MAY CONCERN:

The person or persons before you has applied for membership in Allied Finance Adjusters Conference, Inc., which is a national trade association of repossession professionals. As a prerequisite to their acceptance into this association we will need a complete police criminal background search, to include any current or previous court actions either open or closed, completed and hard copy returned to our offices as an inclusion to this application.

RECORD SEARCH COMPLETED BY:

NAME _____

RANK _____

ID OR STAR NUMBER _____

MUNICIPALITY, CITY, COUNTY OR STATE _____

DATED _____

We thank you in advance for your cooperation.

Sincerely,
Allied Finance Adjusters Conference, Inc.

Allied FINANCE ADJUSTERS CONFERENCE, INC.

CREDIT AUTHORIZATION INFORMATION FORM

I authorize the Executive Committee of Allied Finance Adjusters, Inc. or their legal agent, to obtain my credit report which is a prerequisite to my/our approval as an Allied member. It is understood that the information gathered is to remain strictly confidential. It is further understood that the information obtained will be part of our permanent file which will be kept in the office of the association Executive Secretary

PLEASE PRINT ALL INFORMATION CLEARLY

APPLICANT ONLY

NAME _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

CURRENT RESIDENCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

CURRENT PHONE NUMBER _____

PREVIOUS ADDRESS, IF LESS THAN ONE YEAR AT YOUR CURRENT ADDRESS.

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

I authorize the Executive Committee of Allied Finance Adjusters Conference, Inc., or their legal agent to obtain my credit information and make it a permanent part of my membership file with the association.

APPLICANT SIGNATURE _____

DATE _____

APPLICATION INSTRUCTION SHEET

Dear Prospective Member,

Please complete the application completely and accurately either by typing or neatly printing the information that is requested.

Additional information or material that is needed to complete this application:

Two passport quality photographs of the applicant in proper business attire. Gentlemen should be in a suit or sport coat and a tie. Ladies will need to be dressed in a nice blouse or suit jacket.

Photographs of your office, inside and out, photos of your trucks, and equipment.

Your insurance Acord form naming the insurance carrier and your business on its face.

A Credit Bureau Report not more than 30 days old.

Copies of any City, County or State licenses that you have.

A police verification showing a criminal background search has been completed.

Your check made payable to Allied Finance Adjusters Conference, Inc. in the amount of \$1,600.00 which will cover the bond fee for the remainder of the 2010 year and the fiscal year 2010. There is a separate \$300.00 investigation fee; this is a one time fee. Please send 2 separate checks.

Please note that incomplete applications will not be processed and will be returned to the applicant for completion.

PLEASE EXPRESS MAIL THE COMPLETED APPLICATION TO:

ALLIED FINANCE ADJUSTERS CONFERENCE, INC.
PO Box 41368
Raleigh, NC 27629
Attention: Executive Secretary
800-843-1232
Fax: 888-949-8520

Hold Harmless Agreement

Date: _____

To: Allied Finance Adjusters Conference, Inc.

Regarding: Allied Finance Adjusters Conference, Inc.

I / We agree to indemnify and save Allied Finance Adjusters Conference, Inc. harmless from and against any and all claims in regards to membership listings and other related association business, including but not limited to court costs, reasonable attorney fees, and other expenses of litigation. You have the right of Appeal, by written requests submitted on company letterhead, to the Executive Committee, in matters concerning membership listings, and /or website listings published by Allied Finance Adjusters Conference, Inc. I / We agree that the decision(s) by the Executive Committee in any /all matters will be final and absolute

I / We agree that any legal action regarding Allied Finance Adjusters Conference, Inc. will be brought in the state in which the President of Allied Finance Adjusters Conference, Inc. maintains his or her principal office per the Allied By-laws.

Company Name _____

Member Signature _____

Member Print _____