DIVISION OF FINANCE

Telephone 573-751-3242
Mailing Address:
PO Box 716
Jefferson City, Missouri 65102-0716

Harry S Truman Building
Sixth Floor
301 West High Street
Jefferson City, Missouri 65101

CHAPTER 407 - CREDIT SERVICE ORGANIZATION RENEWAL APPLICATION PACKET (Licensing Year July 1 through June 30)

Instructions:

1. The enclosed application must be completed in its entirety.
2. You may complete the balance sheet portion of the application either directly on the application itself or by attaching a copy of the same.
3. Application must be signed before a notary public.
* 4. A licensing fee of $700 made payable to the "Division of Finance" must be submitted with your completed application.
5. A copy of your contract for services and any other materials or brochures provided to your clients must be submitted with your application for review before a license will be granted.
6. Future changes to information on the application must be reported to this office immediately.
7. If you have any further questions regarding the filing of this application, please call our office at 573-751-3463.

INSTRUCTIONS: Please complete this application form and submit, including licensing fee(s) to the **Division of Finance, P.O. Box 716, Jefferson City, Missouri 65102-0716.**

Renewal Application

MISSOURI DIVISION OF FINANCE **Renewal Application For Credit Service Organization** **Certificate of Registration** Chapter 407 License	**Office Use Only**	
	CR-____-_____	Rec#
	Check No.	Amount:
	Date:	Initials:

I. COMPANY NAME	**LICENSE NUMBER:**
Address:	
Phone:	**Fax:**

II. OFFICERS AND DIRECTORS

Name and Title	Residence Address	Business Address

III. LITIGATION AND UNRESOLVED COMPLAINTS CONCERNING THE REGISTRANT - If there is none, note "NONE".

Complaint or Adversary	Venue	Date Filed

Please complete reverse side.

IV. STATEMENT

_____, the undersigned, first being duly sworn states that (s)he is a(n) (officer) (principal) (partner) in the company above named and that the foregoing details the litigation or unresolved complaints against _____ and the facts contained in the foregoing application are true.
(Registrant)

_____
(Signature of Officer)

State of_____)

County of_____)

Subscribed and sworn to before me this _____ day of _____, _____.

My Commission expires on the _____ day of _____, _____ .

_____
Notary Public

IV. PREPARER

Name of Preparer:	Home Office Contact (if applicable):
Company Name:	Company Name:
Mailing Address:	Mailing Address:
Telephone:	Telephone:
Email:	Email:

Payment Options:

- Pay online with credit card or eCheck
- Pay by check

Instructions for online payment:

Please click the link below to be taken to our online payment system. Once there, click on 'Make a one-time payment' and choose the following options:
Payment Category = Finance; Payment Type = Consumer Credit Fees.

https://magic.collectorsolutions.com/magic-ui/Login/mo-insurance-finance-pro-reg

Once your payment is complete, please save a copy of the receipt provided and submit it with your application to ccapplications@dof.mo.gov or by mail (see below).

Instructions for paying by check:

Please make your check payable to Missouri Division of Finance and submit it along with your application to the appropriate address below. Please allow for delivery time when calculating your fee amount.

Regular Mail:
Missouri Division of Finance
PO Box 716
Jefferson City MO 65102

Express Delivery:
Missouri Division of Finance
301 W. High Street, Room 630
Jefferson City MO 65101