

DIVISION OF FINANCE

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



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

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

Instructions:

1. The enclosed application must be completed in its entirety, **including Item V "Preparer"** on the bottom of page 2.
 2. Application must be signed before a notary public.
 3. The licensing fee of \$400 made payable to the "Division of Finance" must be submitted with your completed application.
 4. Surety bonds are NOT required for this type of license.
 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 our office immediately.
 7. If you have any questions regarding the filing of this application, please call our office at 573-751-3463.
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INSTRUCTIONS: Attach a copy of the statement to be supplied to the buyer per Section 407.642 RSMo (Supp. 1996). Please complete this application form and submit, including licensing fee of \$400, to the **Division of Finance, P.O. Box 716, Jefferson City, Missouri 65102-0716.**

MISSOURI DIVISION OF FINANCE Application for Credit Service Organization Chapter 407 License Year: July 1 – June 30	OFFICE USE ONLY						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">CR - _____</td> <td style="width: 30%;">Rec# _____</td> </tr> <tr> <td>Check No. _____</td> <td>Amount: \$ _____</td> </tr> <tr> <td>Date: _____</td> <td>Initials: _____</td> </tr> </table>	CR - _____	Rec# _____	Check No. _____	Amount: \$ _____	Date: _____	Initials: _____
CR - _____	Rec# _____						
Check No. _____	Amount: \$ _____						
Date: _____	Initials: _____						
<u>Information for Licensed Location:</u> Company Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____ Internet: _____							

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

IV. STATEMENT

_____, the undersigned, first being duly sworn states
that (s)he is

(Print Name)

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

(Registrant)

foregoing application are true.

(Signature of Officer)

State of _____)
County of _____) ss.

Subscribed and sworn to before me this _____ day of
_____, 20_____.

My Commission expires on the _____ day of _____, 20_____.

Notary Public

IV. PREPARER

Name of Preparer:	Contact for future Licensing and/or Complaint issues:
Company Name:	Company Name:
Address:	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 pro-rated 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