

Membership Application

Full Name of Person making application					
Business Name in full					
Street					
Postal address					
City		Postal Code		Country	
Telephone		E-mail		Website	

Contact Person 1		Title	
E-Mail		Phone	
Contact Person 2		Title	
E-Mail		Phone	

How long has Applicant been in Business	
How long under present ownership	

Private Ownership
 Partnership
 Corporation
 Public

Full Name and Title of Owners, Partners, Directors, Mangers:

1. Name		Title	
2. Name		Title	
3. Name		Title	
4. Name		Title	

Number of employees (including owners, collectors) working full time:

Name and web address of Associations of which your business is a Member and how long:

1.	
2.	
3.	

Collections handled:	
<input type="checkbox"/> B2C	<input type="checkbox"/> B2B <input type="checkbox"/> Public
Credit Reports Available?	
Other Services provided?	

Do you have International references?

1.	
2.	
3.	

Average number of credit claims forwarded to/received from foreign countries each year

Forwarded	
Received	

I am/We are in agreement with the Constitution of the *LIC Organisation* and an introductory fee structure. We further agree to advance the interest of the *LIC Organisation* and to promote, in general, the welfare of the collection profession to the best of my/our ability.

I/WE UNDERSTAND THAT MEMBERSHIP IS NOT TRANSFERABLE.

I/We believe the above statement to be true to the best of my/our knowledge.

(Signed/Business Seal/Stamp)

(Date)