

CREDIT SERVICE ORGANIZATION

MAIN OFFICE APPLICATION

Ohio Credit Service Organization Act

Ohio Revised Code Sections 1321.21, 4712.01 to 4712.14, and 4712.99



Ohio Department Of Commerce

Division Of Financial Institutions

77 South High Street, 21st Floor

Columbus, Ohio, 43215-6120

Telephone: (614) 728-8400

www.com.state.oh.us/dfi

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.

"An Equal Opportunity Employer and Service Provider"

For DFI Use Only
Issue Date _____
File ID _____

CREDIT SERVICE ORGANIZATION APPLICATION

Ohio Revised Code Sections 1321.21, 4712.01 to 4712.14, and 4712.99

Print or Type in Blue or Black Ink
Do Not Use For a Relocation Or Change Of Address.

1. Name of Applicant _____
(If not a corporation, give the name under which business will be conducted.)

2. Federal Tax ID Number _____

3. Fictitious name or d/b/a, if applicable _____
 Submit a copy of the trade name or fictitious name certificate issued by the Ohio Secretary of State.

4. Address of business to be registered _____
(Give building name, if any, and street address)

City or Township _____ State _____ County _____ Zip Code _____
(Physical Location)

Telephone Number (_____) _____

Website Address: http:// _____	Is the Website interactive?
--------------------------------	-----------------------------

Internet E-Mail Address: _____	Is the Website transactional?
--------------------------------	-------------------------------

(a) Is the address to be registered zoned for this type of business? Yes No If not, a Certificate cannot be issued.

5. Mailing Address, if different from above _____

Phone Number, if different from above _____

6. Name of parent company, if any _____

Address _____

7. Type of legal entity:
 Individual Corporation Partnership Limited Liability Company

8. The following documentation must be submitted with this application. If applicant is a:

PARTNERSHIP

- 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security number or federal tax IDs of each senior officer and each partner indicating their percent of ownership. Mark this attachment "SCHEDULE B."
- 2) Include a copy of the recorded Partnership Agreement and a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) Each partner and senior officer must complete and submit:
 - A properly completed SCHEDULE A Disclosure Form (included in application), and
 - A fingerprint background check (instructions included with application).

For DFI Use Only		Fee: \$100	
Check No. _____	Amount _____	Date _____	Rec. By _____
TC: 70-CS	Pay-In # _____	Deposit Date _____	RS: 2342

CORPORATION

- 1) List on a separate sheet(s) of paper, the names, official titles, residential addresses, and social security numbers or federal tax IDs of each senior officer (*i.e.* Chief Executive Officer, Chief Financial Officer, Chief Lending Officer, President, Executive Vice President, Secretary, etc...). Mark this attachment "SCHEDULE B."
- 2) Include a copy of the Articles of Incorporation and a copy of a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) List on a separate sheet(s) of paper, the names of ALL persons (including corporations) who hold (beneficially or otherwise) 5% or more of the outstanding voting shares. Include the percent of ownership for each. Mark this (these) pages "SCHEDULE BB."
- 4) Each 5% owner and senior officer must complete and submit:
 - A properly completed SCHEDULE A Disclosure Form (included in application), and
 - A fingerprint background check (instructions included with application).

LIMITED LIABILITY COMPANY

- 1) List on separate sheet(s) of paper, the names, official titles, residential addresses, and social security numbers or federal tax IDs of each senior officer and each member indicating their percent of ownership. Mark this attachment "SCHEDULE B."
- 2) Submit a copy of the Articles of Organization and a current Letter of Good Standing issued by the Ohio Secretary of State.
- 3) Each member and senior officer must complete and submit:
 - A properly completed SCHEDULE A Disclosure Form (included in application), and
 - A fingerprint background check (instructions included with application).

SOLE PROPRIETOR

- 1) List on a separate sheet of paper, the name, residential address, and social security number of the sole proprietor.
- 2) The owner must submit with this application:
 - A properly completed SCHEDULE A Disclosure Form (form included in application) and
 - A fingerprint background check (instructions provided with application).

ANY OTHER LEGAL ENTITY

Contact the Division of Financial Institutions to determine which documents are required. 614-728-8400.

9. If a corporation, answer the following:

(a) Date incorporated _____ Under the laws of the State of _____

(b) Address of Main Office _____
(Street and Number) (City) (State)

(c) Classification and amount of shares authorized by Articles of Incorporation as amended to date:

	Par	Authorized	Outstanding
Common _____	_____	_____	_____
Preferred _____	_____	_____	_____

Amount of any subordinated debt outstanding \$ _____

(d) Under what corporate name is subordinated debt issued? _____

10. If applicant is a foreign corporation:

Does applicant hold a currently valid certificate, issued by the Secretary of the State of Ohio, to transact business as a foreign corporation in Ohio? Yes No Please submit a copy with this application. If applicant does not have this certificate, please contact the Ohio Secretary of State at (614) 466-3910 to make application.

11. Will any other type of business be operated from this proposed location? Yes No

(If answer is yes, attach separate sheet marked "Schedule 11", explaining what type of other business will be conducted.)

12. Is applicant, or any other corporation, association, or partnership with which applicant is associated or affiliated, the holder of a Credit Repair/Improvement License, Non-mortgage Broker License, a Credit Services Organization License, or have the authority to conduct these or similar types of business in this state or any other state? Yes No

(If answer is yes, attach separate sheet marked “**Schedule 12**”, giving the name(s) of the license holder(s), indicate state(s) in which licensed, and submit copies of these licenses (or letters of approval or authorization issued by the other states).

13. Has the applicant ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or has it ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet marked “**Schedule 13**”, giving complete details.)

See also Question 26.

14. Has the applicant under any other name, or has any corporation, association, or partnership with which applicant is, or was, associated or affiliated, ever had any type of approval or application to conduct business (such as a license or certificate of registration) denied, revoked, suspended, or refused to be renewed or has they ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

(If answer is yes, attach a separate sheet marked “**Schedule 14**”, giving complete details.)

15. Has applicant, or have any partners, members, corporate officers or directors of applicant, ever been arrested for, charged with or convicted of any violation of any federal, state or local criminal statute? Yes No

(DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS.)

(If answer is yes, attach a separate sheet, marked “**Schedule 15**”, giving submit a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint..)

16. Please submit your proposed “pre-contract” written statement that is in compliance with Section 4712.04 and a copy of your proposed contract that is in compliance with Section 4712.05 with both indicating applicant’s name and address as stated on application questions 1 & 3.

DO NOT ORDER EITHER OF THE ABOVE UNTIL INSTRUCTED BY THE DIVISION TO DO SO.

17. Each individual applicant, partnership, or corporation L.L.C., as applicable, must complete and submit evidence of a \$50,000.00 surety bond required under Section 4712.06 of the Ohio Revised Code on the attached bond form. This bond must be maintained and in effect for at least two years after the date on which the applicant ceases to conduct business in this state. Please review Section 4712.06 for further information.

18. Indicate your statutory agent in this state upon who may be served all judicial and other process or legal notices directed to the applicant:

(Name)	(Address)
(City)	(State) (Zip Code) (Phone)

19. Name of the proposed office manager _____
- | | | |
|---------------------|-------------------------|---------|
| (Residence Address) | (City, State, Zip Code) | (Phone) |
|---------------------|-------------------------|---------|

Attach a separate sheet marked “**Schedule 19**” detailing manager’s related business experience and if the manager is knowledgeable regarding the Ohio Credit Services Organization Act (O.R.C. Sections 4712.01 - 4712.14).

20. Indicate the days and business hours of the proposed office: _____

21. Are any applications for any other licenses or certificates of registrations now pending with this Division? Yes No
(If yes, identify on separate sheet marked "Schedule 21".)

22. Show the full business name as it will appear on the outside sign of the proposed office: _____

23. Verify that the response indicated in application question #4 is correct regarding the city, village or township and is not just the mailing address.

The proposed office will be located in what political subdivision? (Pursuant to U.S. Post Office or the local Engineer's Office.)

(City, Village, or Township)

24. Will all of the records, files, payments, etc. pertaining to this application, made pursuant to Sections 4712.01 - 4712.14 of the Ohio Revised Code, be maintained at this location? Yes No If no, indicate the registered location where the records will be kept.

(Address) (City) (State) (Zip Code)

25. Indicate the location where all business advertising copies, scripts, videos, etc. will be maintained.

(Address) (City) (State) (Zip Code)

26. Pursuant to Ohio Revised Code Section 4712.02(A)(3)(a), you must provide a full and complete disclosure of any litigation commenced against your company or unresolved complaints that relate to the operation of your company and that are filed with the attorney general, the secretary or state, or any governmental authority of the United States, this state, or any other state of the United States.

27. Indicate immediate area operations supervisor _____
(Name)

(Business Address) (Phone)

28. Please list the 800 telephone number, if any, for the corporate headquarters _____

29. Indicate the name(s) and phone number(s) of the person(s) to contact regarding this application.

CREDIT SERVICE ORGANIZATION APPLICATION

Ohio Revised Code Sections 1321.21, 4712.01 to 4712.14, and 4712.99

(Continued)

Company Name: _____

NOTARIZATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least two partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: _____

SS:

COUNTY OF: _____

Under penalties of perjury, I (We), the undersigned, do hereby swear or affirm that this application and all attachments have been prepared or carefully examined and approved by me (us) and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I (We) understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted by the Ohio Division of Financial Institutions, and could result in other legal action initiated against me (us), including, but not limited to, criminal prosecution.

Printed Name (Person 1)

Printed Name (Person 2)

Signature (Person 1)

Signature (Person 2)

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

Seal or stamp must be affixed to original

Notary Public Printed Name

Notary Public SIGNATURE

My Commission Expires _____

NOTE: Application Fee: \$100

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For DFI Office Use Only

Date application approved _____ By _____, Superintendent

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RESOLUTION

(TO BE ADOPTED BY CORPORATIONS ONLY)

(Name of Corporation)

A CORPORATION, AT A MEETING OF ITS BOARD OF DIRECTORS, HELD AT _____

ON THE _____ DAY OF _____, 20____, PURSUANT TO
LAWFUL NOTICE OR WAIVER THEREOF and at which meeting a quorum for the transaction of
business was present, adopted the following resolution:

“BE IT RESOLVED, that _____
(Name and Corporate Title)

and _____
(Name and Corporate Title)

of _____ be authorized
(Name of Corporation)

and directed to complete an application for and on behalf of the corporation for a _____
(Type of Application)

_____ Certificate of Registration or License issued under Ohio law, and to affix their
signatures to the application.”

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the above resolution accurately reflects the actions and proceedings of the Board of
Directors and all information supplied above is complete, truthful and correct.

By _____
Corporate Secretary (Signature) (Date)

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

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

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SCHEDULE A Disclosure Form

Filing Instructions:

The following must submit separate Schedules:

Corporation, every 5% owner and senior officer must file a separate "Schedule A."

Partnership, every partner and senior officer must file a separate "Schedule A."

L.L.C., each member and senior officer must file a separate "Schedule A."

Sole Proprietor, the owner must file a "Schedule A."

Operations Manager, the operations manager under the Ohio Mortgage Broker Act must file a "Schedule A" for a new company or when there is a change in the operations manager.

Separate exhibits should be attached when space provided is not sufficient. Omissions will be construed as an intentional failure to disclose a material fact and will be sufficient grounds for denial.

(Insert Name of **Applicant**)

1. Name _____
(Insert full name and any and all alias, A/K/A and F/K/A of **person filing this form**)

(a) Social Security Number of **person filing this form** _____
2. Title _____
(Your Title—officer, partner, member, sole proprietor, person holding 5% or more interest in applicant, and/or operations manager)
3. Citizenship _____
(Furnish date, city, state, country of birth, and Social Security number. If foreign born, also furnish date and place of naturalization.)
4. Residence address for the last ten years. (Use Addendum – Residence History if needed)

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____
5. Employment and ownership record for the last ten years. Include all companies that the person completing this form has or had an interest in as an officer, manager, partner, member, voting stockholder, or 5% or more ownership interest. All periods of time for the last ten years must be accounted for—including periods of unemployment. (Use Addendum – Employment History if needed)

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip _____
Position _____ Duties _____

From _____ To _____ Employer _____
Address _____ City _____ State _____ Zip _____
Position _____ Duties _____
6. Have you ever been discharged or requested to resign from any position? Yes No

If yes, furnish details:

- 7(a). Have you ever had any type of approval or application to conduct business (such as a license or certificate of authority) denied, revoked, suspended, or refused to be renewed or have you ever been fined by any state or federal regulatory authority or court in relation to any claim of misconduct in a business transaction? Yes No

- 7(b). Have you ever been an officer, or more than 5% owner or director of any organization which has had a license, certificate, application, approval to conduct business, or any other type of authority, denied, revoked, suspended or refused to be renewed or has been fined by any state or federal regulatory agency or court in relation to any claim of misconduct in a business transaction? Yes No

If you answered yes to either question 7(a) or 7(b), furnish details. Include dates, nature of offense(s), court, and disposition:

- 8(a). Has the applicant ever been convicted of, or plead guilty to, **any criminal offense**? Or does the applicant presently have any **criminal charges pending**? Exclude minor misdemeanor traffic and parking offenses. (DUIs and DWI's are criminal offenses.) Yes No
- 8(b). Have you ever been directly or indirectly connected with any organization which has been convicted of any criminal offense? Include MISDEMEANOR and FELONY offenses from ANY state or the federal government. NOTE: DUIs and DWIs are criminal offenses. Yes No

If you answered yes to either question 8(a) or 8(b), submit a detailed explanation of the facts and circumstances which gave rise to each charge and for: (i) any conviction provide a certified copy of the journal entry evidencing the disposition of each charge; (ii) any guilty plea provide a certified copy of the plea agreement; and (iii) any pending criminal charges provide a certified copy of the indictment or criminal complaint. (*See instructions for Question 16 of the Mortgage Broker Main Office Application for answers to "Frequently Asked Questions."*)

- 9(a). Have you ever been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes No
- 9(b). Have you ever been directly or indirectly connected with any organization which has been subject to any adverse judgment for conversion, embezzlement, misappropriation of funds, fraud, misfeasance or malfeasance, or breach of fiduciary duty? Yes No

If you answered yes to either question 9(a) or 9(b), furnish details. Include dates, nature of offense(s), court, and disposition:

- 10(a) Have you ever filed for bankruptcy, been insolvent, or filed for protection from creditors? Yes No
- 10(b) Have you ever been directly or indirectly connected with any organization which has ever filed for bankruptcy, been insolvent, or filed for protection from its creditors? Yes No

If you answered yes to either question 10(a) or 10(b), furnish details. Include dates, nature of offense(s), court, and disposition:

NOTARIZATION

State of _____

SS.

County of _____

Under penalties of perjury, I, the undersigned, do hereby swear or affirm that this SCHEDULE A and all attachments have been prepared by me and that these documents constitute a complete, truthful, and correct statement of all information requested by the Ohio Division of Financial Institutions. I understand that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of any license/registration application pending with the Ohio Division of Financial institutions or revocation of any license/registration granted by the Division of Financial Institutions, and could result in other legal action initiated against me, including but not limited to criminal prosecution.

Printed Name

Signature

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

Seal or stamp must be affixed to original

Notary Public PRINTED name

Notary Public SIGNATURE

My Commission Expires _____

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"An Equal Opportunity Employer and Service Provider"

SCHEDULE A
ADDENDUM
Residence History

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

From _____ To _____ Address _____
City _____ State _____ Zip _____

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SCHEDULE A

ADDENDUM

Employment History

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

From _____ To _____ Employer _____

Address _____ City _____ State _____ Zip _____

Position _____ Duties _____

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CREDIT SERVICE ORGANIZATION

Disclosure of Litigation

Pursuant to Ohio Revised Code Section 4712.02(A)(3)(a), you must provide a full and complete disclosure of any litigation commenced against your company or unresolved complaints that relate to the operation of your company and that are filed with the attorney general, the secretary or state, or any governmental authority of the United States, this state, or any other state of the United States.

Check one of the following:

_____ I have attached to this Disclosure a detailed explanation of the facts and circumstances which gave rise to the litigation and/or unresolved complaints mentioned above.

_____ No litigation has been commenced and no unresolved complaints relating to the operation of the company have been filed with the attorney general, the secretary or state, or any governmental authority of the United States, this state, or any other state of the United States.

NOTARIZATION

NOTE: This application must be signed by:

- The owner if applicant is a sole proprietor;
- At least 2 partners if the applicant is a partnership;
- At least two members if applicant is a limited liability company(if applicable); or
- At least two officers if the applicant is a corporation.

STATE OF: _____

SS:

COUNTY OF: _____

Being of duly cautioned, I hereby swear or affirm that I(we) have completed the foregoing Disclosure of Litigation or unresolved complaints fully and frankly. The answers are true and complete.

Printed Name (Person 1) Title

Printed Name (Person 2) Title

Signature (Person 1)

Signature (Person 2)

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

Seal or stamp must be affixed to original

Notary Public Printed Name

Notary Public SIGNATURE

My Commission Expires _____

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CREDIT SERVICE ORGANIZATION BOND

NOTE CAREFULLY AND FOLLOW INSTRUCTIONS:

If the applicant is a corporation, the corporate name must be used at the beginning of the bond describing the principal, and the bond must be executed on behalf of the corporation by the president and secretary and the seal affixed. If the applicant is a partnership, all partners must sign. If a sole proprietorship, the owner must sign. If an L.L.C., all members sign.

The authority of the agent of the bonding company to sign such bond shall be attached, together with the last financial statement of the surety company.

WHEREAS _____
(Name of Applicant)

(Street and Number) (City) (State) (Zip) (County)
the principal herein has made application to the Division of Financial Institutions of the State of Ohio for a certificate to conduct the business provided for in Sections 4712.01 to 4712.14, inclusive, of the Revised Code of Ohio; and

WHEREAS the applicant is required by law to execute a bond to the State of Ohio in the penal sum of Fifty Thousand Dollars and file the same with the Division of Consumer Finance, now, therefore,

KNOW ALL MEN BY THESE PRESENTS:

That _____
(Name of Applicant)
of the City of _____, State of _____, as the Principal, and _____
(Bond Company)
_____ of _____ as surety are
(Complete Address)

held and firmly bound unto the State of Ohio in the penal sum of Fifty Thousand Dollars (\$50,000.00) for the payment of which, well and truly to be made, we jointly and severally bind ourselves, our heirs, executors, administrators, assigns and successors firmly by these presents.

Signed by the said _____
(Name of Applicant)
as Principal, and by the said _____
(Bond Company)
as Surety, this _____ day of _____, 20_____.

The condition of the above obligation is such that if the said _____
(Name of Applicant)

its/his owners, members, directors, officers, agents, or employees shall faithfully observe and comply with all of the provisions of the aforesaid sections, then this obligation shall be void; otherwise to be and remain in full force and virtue in law, until at least two years after the date in which the principal ceases to conduct business; provided, however, that no cancellation by the surety shall be effective unless and until written notice of intention to cancel this bond has been filed with the Division of Financial Institutions for a period of thirty days prior to the day fixed in said notice of cancellation.

Any person claiming to be injured by a violation of any of the above sections may maintain an action on this bond.

PRINCIPAL

The bond number is _____.

The effective date of the bond is _____

and will expire on _____.

(Name of Applicant)

By _____
(Signature) (Title)
(Date)

By _____
(Signature) (Title)
(Date)

By _____
(Signature) (Title)
(Date)

SURETY

By _____
(Signature) (Title)
(Date)

By _____
(Signature) (Title)
(Date)

ATTESTATION OF BOND COMPANY AGENT

I swear or affirm that all information supplied is complete, truthful, correct and that the bond as described above has been issued to the principal in the name and address stated for the period indicated.

State of _____

SS:

County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

(Signature of Notary)

My commission expires _____

Section 4712.02(C)(1)(b) states:

Evidence of the bond required under section 4712.06 of the Revised Code.

Section 4712.06 states:

- (A) No credit services organization shall conduct business in this state unless the organization has obtained a surety bond issued by a surety company authorized to do business in this state and all of the following conditions are met:
 - (1) A copy of the bond is filed with the division of Financial Institutions.
 - (2) The bond is in favor of any person, and of the state for the benefit of any person, that is injured by any violation of sections 4712.01 to 4712.14 of the Revised Code.
 - (3) The bond is in the amount of fifty thousand dollars.
 - (4) The bond is maintained and in effect for at least two years after the date on which the credit services organization ceases to conduct business in this state.
- (B) Any person claiming against the bond for a violation of sections 4712.01 to 4712.14 of the Revised Code may maintain an action at law against the credit services organization and against the surety company. However, the surety company is liable only for damages awarded under division (A)(2) of section 4712.10 of the Revised Code and not for punitive damages awarded under division (A)(3) of section 4712.10 of the Revised Code. The aggregate liability of the surety company to all persons injured by a credit services organization's violation of section 4712.01 to 4712.14 of the Revised Code shall not exceed the amount of the bond.

Financial Statement

Check One: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> L.L.C.
--

Applicant: _____

Address: _____

Financial condition as of : _____
(Must be within 90 days of application)

ASSETS	LIABILITIES & NET WORTH
Cash on hand \$ _____	Notes payable to banks ⁶
Cash in Banks ¹ _____	secured \$ _____
U.S. Government Securities ² _____	unsecured _____
Listed Securities ² _____	Notes Payable _____
Unlisted Securities ² _____	Accounts Payable _____
Accounts Receivable Net ³ _____	Accrued Interest Payable _____
Notes Receivable Net ³ _____	Accrued Taxes _____
Real Estate Owned ⁴ _____	Mortgages Payable ⁶ _____
Furniture, Fixtures & Equipment _____	Other Liabilities - Itemize _____
Vehicles ⁵ _____	_____
Other Assets - Itemize _____	_____
_____	_____
_____	_____
_____	_____
_____	Total Liabilities _____
_____	Net Worth _____
Total Assets \$ _____	Total Liabilities & Net Worth \$ _____

1. *Attach a detailed schedule of bank accounts and a copy of the bank statements as of (or the date closest to) the date of this financial statement*
2. *Attach a detailed schedule for each securities category and a broker's statement as of (or the date closest to) the date of this financial statement for the securities held in street name.*
3. *Attach a detailed schedule of accounts receivable and notes receivable net of uncollected amounts. Pawn Brokers should include their pawns under accounts receivable*
4. *Attach a detailed schedule of real estate owned by location indicating book value, purchase price, and appraised value at time of purchase*
5. *Attach a detailed schedule of vehicles indicating their book value and NADA (Blue Book) documentation establishing current market value*
6. *Attach a detailed schedule of notes and mortgages payable and provide documentation from the bank of the unpaid balances as of the date of this financial statement.*

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Company Information

In our continuing effort to better serve the industries we regulate, we are requesting your assistance by providing the following information for our database file.

Please type or print using blue or black ink only.

Company Name

Doing Business As (DBA)

Address

City State Zip

() _____
Telephone No. Fax No.

Mailing Address, if different from above

City State Zip

Federal Tax I.D. Number

Company Website

E-mail Address

Is website interactive? Yes No

Is the Website transactional? Yes No

Company Contacts

Annual Report Contact (Small Loan Act and OMLA Only) () _____
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Complaint Contact () _____
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Statutory Agent () _____
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Compliance Contact () _____
Phone Number E-mail

Mailing Address, if different from above

City State Zip

Renewal Contact () _____
Phone Number E-mail

Mailing Address, if different from above

City State Zip

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"An Equal Opportunity Employer and Service Provider"

Ohio Division of Financial Institutions

Background Check/Fingerprints Explanation and Instructions

In the processing of applications, the Division of Financial Institutions conducts criminal background checks on the following individuals:

- **Corporation**, every 5% owner and senior officer
- **Partnership**, every partner and senior officer
- **L.L.C.**, each member and senior officer
- **Sole Proprietor**, the owner
- **Operations Manager**, the operations manager under the Ohio Mortgage Broker Act for a new company or when there is a change in the operations manager
- **Loan Officers**, the loan officer under the Ohio Mortgage Broker Act

How do you get your fingerprints taken?

In-State Applicants

The Division of Financial Institutions has established relationships with independent companies for the electronic fingerprinting and scanning system known as “WebCheck.” Each company has a system that scans applicants’ fingerprints and electronically transmits the prints to the Bureau of Criminal Identification and Investigation (BCI&I) for review. Results of the records review are communicated directly back to the Division via secured data lines within two business days. The company where the fingerprints are taken charges a processing fee for this service, which is not part of the DFI application/investigation fee. To find the location nearest you and other information regarding this service contact the companies directly.

Please see our website at www.com.state.oh.us/dfi under “Forms” for Consumer Finance for the “**Current List of Providers and Locations.**”

Out-of-State Applicants:

If your place of residence is located outside Ohio, you must furnish a statewide criminal history report from your state’s law enforcement department. The records check must be verified on the law enforcement agency’s stationery or computer printout. The reporting agency must send the report directly to the Division of Financial Institutions.

IMPORTANT NOTE:

If you have resided in your current state less than 5 years, you are required to provide a background check from each state you resided in during the past 5 years. The background check **must** be sent directly to the Division from the background check provider. We will not accept completed background checks submitted by the applicant.



Ohio Department of Commerce Division of Financial Institutions

CRIMINAL HISTORY STATEMENT

NOTE: You may submit this criminal history statement in place of completing another criminal background check **ONLY if:** (1) a completed criminal background report is currently on file with the Division; **AND** (2) the most recent report on file is no older than six (6) months.

I, _____(your name), hereby swear or affirm that I (circle one) **have / have not** been arrested for, charged with or convicted of any violation of any federal, state or local law within the last eight (8) months.

I further swear that, within the last six (6) months, I had a criminal background check completed in connection with a/an: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Check-Cashing/Loan Acts Application | <input type="checkbox"/> Operations Manager Approval |
| <input type="checkbox"/> Credit Service Organization Act Application | <input type="checkbox"/> Pawn Broker Act Application |
| <input type="checkbox"/> Loan Officer License Application | <input type="checkbox"/> Precious Metals Act Application |
| <input type="checkbox"/> Mortgage Broker Act Application | <input type="checkbox"/> Premium Finance Act Application |
| <input type="checkbox"/> Mortgage Loan Act Application | <input type="checkbox"/> Small Loan Act Application |

If you indicated that you **HAVE** been arrested for, charged with or convicted of any crime within the last 8 months, provide a detailed explanation of the facts and circumstances of your case. Include the name of the arresting law enforcement agency or the court in which charges have been filed; the name of the crime with which you have been charged, and the degree of the offense; and the outcome or status of the case. In addition, you must attach a certified copy of the court journal entry that evidences the status of your case.

NOTARIZATION

STATE OF: _____

SS:

COUNTY OF: _____

I swear or affirm that the foregoing has been prepared by me and constitutes a complete and accurate statement.

Signature of Applicant

Printed Name of Applicant

Subscribed and sworn or affirmed before me this _____ day of _____, 20 ____.

Seal or stamp must be affixed to original

Notary Public PRINTED Name

Notary Public SIGNATURE

My Commission Expires _____

WARNING: It is a crime to provide a false statement to a government official or public agency. R.C. 2921.13.