

**Associated Collection Agencies of Colorado/Wyoming, Inc.
– Colorado In-State Office Agent-
Registration Form**

Collection Agency Name: _____

ACAI Membership # _____

Address: _____

City: _____ State: _____ Zip: _____

Agency Contact Information:

Primary Support Contact: _____

Phone: _____ Email Address: _____

Billing Contact: _____

Phone: _____ Email Address: _____

Debtor Contact Information:

Debtor Info Phone: _____ Email Address: _____

Debtor Payment Toll Free Phone: _____ Website: _____

Billing Information(You will be billed in advance)

Service Month Start Date ___/1/201___

Preferred Billing Cycle

Monthly _____ Quarterly _____ Annually _____

Visa, MC or Discover:

Credit Card Number: _____ Exp. Date: _____

Name on Card: _____

Billing Address if different: _____

Authorized Signature _____

Please send registration form:
Email - acaco-wy@comcast.net
Mail - 11160 W. Tennessee Court, Lakewood, CO 80226
Fax to: 303-942-0099