



CONSUMER FINANCE INITIAL LICENSE APPLICATION
 (Oregon Consumer Finance Act, ORS Chapter 725)

Consumer finance license fee: \$600

All names used in Oregon must be registered with the Oregon Office of the Secretary of State, Business Registry Section, 503-986-2200, www.filinginoregon.com.

Please respond to all questions. If the answer is “none” or “not applicable” (NA), so state.

1. Name of applicant: _____
2. Business organization: Corporation Partnership Sole proprietorship Other: _____
3. Taxpayer identification number (EIN or TIN) _____
4. Assumed business name(s), if different: _____
5. Address at which business will be conducted (cannot be a residence): _____
 City: _____ State: _____ ZIP: _____ County: _____
6. Mailing address for business, if different: _____
 City: _____ State: _____ ZIP: _____
7. Telephone: (____) _____ Fax: (____) _____
8. Name of Oregon registered agent for service of process: _____
9. List bank lines of credit or other sources of funds; document their availability.

10. State the amount of cash available for loans at the time of the opening of the proposed office. _____

Continued on next page

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Phone: _____
Credit card number	Expiration date	
Name of cardholder as shown on credit card		
Cardholder signature	\$	Amount

**Make check or money order payable to Oregon
 Division of Finance and Corporate Securities.**

Mail application with payment to:

DCBS — Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

Fiscal use only: 61230/1001, 12104/0600

**Secure fax for credit card payments:
 503-947-2333**

If paying by credit card, applicant must sign
 credit-card information box.

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20. Approximately what percentage of your loans will have the following repayment terms?

Single payment	_____	%
Interest-only payments with single payment of principal	_____	%
Periodic payments with one or more larger (balloon) payments	_____	%
Fully amortizing, equal monthly payments	_____	%

Comments: _____

21. What interest rates and fees will you be assessing? What is the maximum APR you will be charging? Please provide details. If tiering is used, explain criteria to determine customers' pricing

22. **Ability to Repay** For approximately what percentage of loans will you use each of the following underwriting criteria to determine a borrower's ability to repay the loan? List N/A if you don't plan to use this criteria.

Minimum acceptable standards used

Review of credit reports	_____	%	_____
Review of credit score	_____	%	_____
Income verification	_____	%	_____
Allowable debt to income ratio	_____	%	_____
Employment history	_____	%	_____
Direct credit verification	_____	%	_____
Other criteria	_____	%	_____

Comments: _____

23. Describe situations when you would make an exception to using the above underwriting criteria (e.g., loan renewal, second loan).

24. Furnish a complete statement of your current financial condition, including balance sheet and profit-and-loss statement.

25. Provide a copy of your business plan. Include your financial objectives and summarize your economic assumptions and financial-statement projections for the next three years. Attach an organizational chart showing all affiliated companies.

26. Submit samples of proposed loan documents and fees, including a sample of the Truth in Lending disclosure and all required logs.

27. Attach a copy of your customer loan application form(s).

28. Mail a copy of the "Request for Information" in this application to each state in which this company or any affiliate company is currently licensed. List the states to which it is being provided:

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Which one person in your company should receive the following?

- Amended Oregon Consumer Finance Statutes and Oregon Administrative Rules:

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Annual report forms to be filed with the Division of Finance and Corporate Securities:

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Invoice for annual and examination fees:

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Examination report copy (the original examination report goes to the licensed office):

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

- Person to contact regarding complaints:

Name: _____ Position or title: _____
Office address: _____
City: _____ State: _____ ZIP: _____
Office phone: () _____ Fax: () _____
E-mail: _____

Applicant's website: _____

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Copy this page as needed and submit for each officer, director, and owner of 10 percent or more of the corporation; for all owners if applicant is an entity other than a corporation, the “experienced person,” **and** for the proposed manager of this location.

Name: _____ Position or title: _____

Home street address: _____

Home mailing address, if different: _____

City: _____ State: _____ ZIP: _____

Home phone: (____) _____ E-mail: _____

Office street address: _____

Office mailing address, if different: _____

City: _____ State: _____ ZIP: _____

Office phone: (____) _____ Fax: (____) _____

Social Security no.*: _____ Date of birth (mm/dd/yy): _____

Driver license no. and state: _____ Percentage of ownership: _____

I understand that my signature authorizes an investigative consumer report as defined in the Fair Credit Reporting Act (15 USC 1681 et seq.).

Signature: _____ Date: _____

*Your Social Security number is required for identification purposes only.

Note: A resume must be attached for each officer, director, owner of 10 percent or more of the corporation, the “experienced person,” and the proposed manager for this location.

I certify that the information contained in this application is current and accurate as of the day it was signed and will notify the Division of Finance and Corporate Securities of any changes to this application that occur before the license is issued.

I further state that I am the (enter position or title) _____ of the company and am authorized to act on its behalf.

Name (type or print): _____ Phone: (____) _____

Signature: _____ Date: _____



REQUEST FOR INFORMATION ABOUT A CONSUMER FINANCE LICENSE APPLICANT

Applicant: This form is for initial application only. A copy of it must be mailed promptly to each state in which you are licensed or registered to conduct consumer finance business. Complete the upper portion of the form by typing or printing the required information, photocopy as needed, and mail. Include a postage-paid envelope addressed to DFCS at the address above.

Applicant name: _____
 Company: _____
 Address: _____
 City, state, ZIP: _____
 State: _____ Date licensed: _____ Expiration date: _____
 License no.: _____ Type of license: _____

The above-named company has applied for a license to conduct consumer finance business in the state of Oregon. The applicant purports to be licensed and regulated by you. As part of our review of the applicant's qualification and suitability for a license, we request information on your experience with this applicant. Please complete the following and return it to us in the envelope provided.

1. Is the above information accurate?..... Yes No
2. Did you conduct an investigation of this applicant prior to issuing a license? Yes No
3. Have you received any complaints about this applicant? Yes No
 If there is a trend of common complaints, what is the problem?

4. Have you conducted an examination or audit of the applicant's business? Yes No
 Provide the date of the last examination and briefly describe the most serious exceptions.

5. Have you taken action against this licensee for violations of your state's laws?..... Yes No
 Attach a copy of the action or briefly describe the circumstances and resolution.

This form completed by:

Name: _____ Title: _____
 State: _____ Phone: () _____ Date: _____