

State of New York Debt Collection Form

Print Form

Name of Company:

Address of primary
office:

City:

Stat
e:

ZIP
Code:

Addresses for any company locations where debt collection occurs (branches, etc.). Use separate page, if necessary.

Location 2 Address:

City:

Stat
e:

ZIP
Code:

Location 3 Address:

City:

Stat
e:

ZIP
Code:

Name(s) under which business is conducted
(DBAs):

Name of Iowa Registered
Agent:

Address:

City:

Stat
e:

ZIP
Code:

In the event that our office receives a complaint regarding your business, please provide the appropriate contact person.

Name:

Address:

City:

State:

ZIP
Code:

Phone number:

Fax
number:

Email address:

Name of person completing
form:

Phone
number:

Each person or firm who files a notification shall pay the administrator an annual fee of \$10.00.
Please make checks payable to: New York **Consumer Credit Administration Fund**.

Persons who fail to pay the required fees in full within thirty (30) days of due date will be assessed a \$25.00 late charge [New York Code §537.6203(4)].

The administrator may bring a civil action against a person for failure to file notification or to pay fees under the above provisions [New York Code §537.6113(3)].

Signature of owner, officer or partner

Printed Name:

Title:

Date:

Submit completed form and annual fee **no later than January 31** to:

New York Attorney General
Consumer Protection Division
Attn: Notification & Fees Administrator
350 Fifth Avenue, 34th floor
New York, NY 10118-3299 USA

FOR OFFICE USE ONLY

Check # _____ Amt \$ _____