

COLLATERAL RECOVERY ASSOCIATION OF ILLINOIS APPLICATION
c/o John Fiorelli
225 Middle Avenue
Aurora, IL 60506

Type of Application & Annual Fee

Agency (\$250 in-State or \$100 Out-of-State)

Recovery Agent (\$100)

Sponsor (\$200)

Company Name: _____ Owner/Officer(s) Name: _____

Recovery Agent: _____ E License Number: _____

Agency R Number: _____ **Expiration:** _____

Address: _____

City State Zip

Mailing Address: _____

City State Zip

Office Number: _____ Fax Number: _____

Email Address: _____ Web Address: _____

Contact Name: _____ Contact Tel. Number: _____

Describe any topic or issue you would like the Association to address. _____

Sponsors/ Types of Services You Supply: _____

Please remit to:

Collateral Recovery Association of Illinois
c/o John Fiorelli
225 Middle Avenue
Aurora, IL 60506