



TEXAS OFFICE OF CONSUMER
CREDIT COMMISSIONER

2601 N Lamar Blvd
Austin, TX 78705
Phone: 512.936.7600
Fax: 512.936.7610
licensing@occc.texas.gov

Print Form

Credit Access Business Consent Form (New Application)

This form must be completed by an authorized individual, as defined by the Texas Administrative Code §83.3002(1)(A)(iii).

Branch Location Fees				License Transfer Fees			
Fee	Qty		Total	Fee	Qty		Total
Investigation Fee:	\$200	X	_____ = _____	Investigation Fee:	\$200	X	_____ = _____
Assessment for Active Licenses:	\$600	X	_____ = _____				
Assessment for Inactive Licenses:	\$250	X	_____ = _____				
Texas Financial Education Endowment:	\$200	X	_____ = _____				
Total Amount Due _____				Total Amount Due _____			

Enter "1" in the "Qty" field for either Branch Location or License Transfer Fees. A single investigation fee must be paid for each type of application. Pay either the "Total Amount Due" for new licenses sought OR for the transfer of licenses. Do not pay the total due for both columns. Each application is assessed a \$200 investigation fee, as shown above. You need only pay one investigation fee. Each new location is assessed a \$200 fee, per location for the Texas Financial Education Endowment fund. Checks and money orders are payable to the Office of Consumer Credit Commissioner. Cash payments are not accepted.

<input type="checkbox"/> New Application	<input type="checkbox"/> Transfer Application	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Active License	License No. _____	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Inactive License		<input type="checkbox"/> Limited Partnership	Other _____

License Information (This information should match Section 1 of the "Application for License (ADM10)")

Entity Name or Name of Owner/Sole Proprietor _____ FEIN (Federal Employment Identification Number), or SSN (Social Security Number) of Owner/Sole Proprietor _____

Operating Name (d/b/a) _____

Mailing Address _____ Location Address _____

_____	North Carolina	_____	North Dakota	_____	_____
City	State	Zip Code	City	State	Zip Code County

Application Fees (if more than four checks are submitted, provide a list of each check number, amount of each check, and a total of all amounts)

_____	_____	_____	_____	<input type="checkbox"/> Paid by Credit Card
Check Number	Check Amount	Check Number	Check Amount	Date Paid
_____	_____	_____	_____	_____
Check Number	Check Amount	Check Number	Check Amount	Amount Paid
_____	_____	_____	_____	_____

Authorized Individual Information and Consent

I swear or affirm that I have voluntarily executed this form and:

- (1) have read and understand the terms and instructions on this form;
- (2) all answers made in the application are true, correct, and complete and are made for the purpose of securing the license(s) indicated herein;
- (3) the applicant is of good moral character, good business repute, and possesses the character and general fitness necessary to warrant belief that the applicant will operate the business lawfully and fairly within the provisions of the Texas Finance Code.
- (4) I understand that I am subject to administrative, civil, or criminal penalties if I give false or misleading answers;
- (5) I understand that false or materially incomplete answers are grounds for denial;
- (6) I have read and understand applicable federal and state laws, and will be in compliance with those laws at all times;
- (7) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (8) No action, fact, or information has changed that would have required a materially different answer than that given in the last new or transferred license application

Full Name of Authorized Individual _____ Title _____ Phone Number _____