



JIM GIBBONS
Governor

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF MORTGAGE LENDING
400 W. King Street, Suite 101
Carson City, NV 89703
(775) 684-7060 Fax (775) 684-7061
www.mld.nv.gov

DIANNE CORNWALL
Director

JOSEPH L. WALTUCH
Commissioner

CREDIT SERVICE ORGANIZATION BUSINESS PRACTICE QUESTIONNAIRE

This Business Practice Questionnaire must be typed or printed clearly in ink. If additional space is required to answer any questions, please continue on a blank 8 1/2 X 11" sheet of paper and begin each carryover answer with the number of the question being answered. If an exemption is given, there is a required \$25.00 (non-refundable) administrative fee, made payable to the Division of Mortgage Lending. Please mail completed and notarized questionnaire to: Division of Mortgage Lending, 400 W. King Street, Suite 101, Carson City, NV 89703.

1. Business Name:
2. Provide the complete street address of each location, designating the physical location, from which the business will be doing business.
3. The business mailing address is:
4. Briefly describe what goods and/or services the business sells.
5. List of all telephone numbers to be used by the business with the physical location where each telephone using these numbers will be located.

6. Provide the following information for each principal officer, director, trustee, shareholder, owner or partner of the business, and of each person responsible for the management of the business.
(Attach a separate sheet if needed.)

Name:

Current Home Address:

Home Phone Number:

7. Has any person in question 6 been convicted of racketeering or any offense involving fraud, theft, embezzlement, fraudulent conversion or misappropriation of property or any other felony or misdemeanor? Yes No

If yes, identify the court rendering the conviction; provide the docket number of the matter, the date and type of the conviction, and the name of the governmental agency that brought the action resulting in the conviction, and briefly describe the matter.

8. Has any person listed in question 6 had a judgment or administrative order entered against them? This includes stipulated judgments or order entered within the last seven years. Yes No

If yes; identify the court or administrative agency rendering the judgment or order against the person; provide the docket number of the matter, the date of the judgment or order, the name of the governmental agency, if any, that brought the actions resulting in the judgment or order; and briefly describe the matter.

9. Is any person listed in question 6 subject to any currently effective injunction or restrictive court or administrative order relating to a business activity as the result of any action brought by a federal, state or local agency? This includes any action affecting any license or registration authorizing him to do business or practice an occupation or trade. Yes No

If yes, identify the court or administrative agency issuing the order against the person; provide the docket number of the matter, the date of the order, the name of the governmental agency, if any, that brought the action resulting in the order, and briefly describe the matter.

10. Has any person listed in question 6 filed bankruptcy, been adjudicated, been adjudicated bankrupt or been reorganized because of insolvency during the previous seven years? Yes No

If yes, provide the name and address of the person filing in bankruptcy, adjudged bankrupt or reorganized because of insolvency, the date of the action, the court which exercised jurisdiction and the docket number of the matter.

11. Has any person listed in question 6 been employed by or associated with any business that has filed bankruptcy within the last seven years? Yes No

If yes, identify the court and provide the docket number of the matter and the date of the order or judgment.

12. Name and address of each person responsible for a location from which the business will conduct business.
13. Attach a list with the name, address, and phone number of each salesman to be employed by or otherwise associated with the business.

14. The business facsimile numbers and e-mail addresses.

Phone: _____

Email: _____

15. What is your business type?

- Corporation
 Limited Liability Company
 General Partnership
 Limited Partnership
 Sole Proprietorship
 Other-Please Specify _____

16. In which state was the business organized, formed or incorporated? Provide a copy of the document showing the creation of the business.

17. When did the business first begin to operate in Nevada?

Month _____ Day ____ Year _____

18. Does the business use any assumed or fictitious names to conduct business? Yes No

If yes, provide all such names:

19. Is there a parent company of the business? Yes No

If yes, provide all such names:

20. Are there any companies affiliated with the business that will engage in a business transaction with a consumer that relates to any sale solicited by the business? Yes No

If yes, provide:

Name:

Address:

21. Are there any companies affiliated with the business that will accept responsibility for any statement or act of the business that relates to any sale solicited by the business? Yes No

22. The business is: For Profit Non-Profit
23. If the business is non-profit, does the business have tax-exempt status as an organization described in section 501 (c) (3) of the Internal Revenue Code? Yes No
24. Does the business have a Business License? Yes No Pending
25. Will you have salespeople? Yes No
26. Please attach a list of the clients for whom you will be soliciting.
27. Do the business or salespeople represent, imply, sell, provide, or perform an improvement in a buyer's credit record, history, or rating in return for the payment of money or other valuable consideration? Yes No
28. Do the business or salespeople represent, imply, sell, provide, or perform the obtaining of an extension of credit for a buyer in return for the payment of money or other valuable consideration? Yes No
29. Do the business or salespeople represent, imply, sell, provide, or perform the provision of counseling or assistance to a person in establishing or effecting a plan for the payment of his indebtedness in return for the payment of money or other valuable consideration? Yes No
30. Is the counseling or assistance provided by and within the scope of the authorized practice of a debt adjuster licensed pursuant to NRS Chapter 676? Yes No
31. Do the business or salespeople represent, imply, sell, provide, or perform the provision of advice or assistance to a buyer with regard to the improvement of a buyer's credit record in return for the payment of money or other valuable consideration? Yes No
32. Do the business or salespeople represent, imply, sell, provide, or perform the provision of advice or assistance to a buyer with regard to the obtaining an extension of credit for a buyer? Yes No
33. Is the business or any salesperson organized, chartered, or holding a license or authorization certificate to make loans or extensions or credit pursuant to the laws of the state of Nevada, any other state or the United States? Yes No
If yes, list type of license, state, regulatory or licensing agency and license or authorization number.
34. Is the business or any salesperson a bank, credit union, or savings and loan institution whose deposits or accounts are eligible for insurance by the Federal Deposit Insurance Corporation, the National Credit Union Share Insurance Fund, or a private insurer pursuant to NRS 678.755? Yes No
35. Is the business or any salesperson a licensed real estate broker by this state where the person is acting within the course and scope of that license? Yes No
36. Is the business or any salesperson licensed to practice law in this state and rendering services within the course and scope of his practice as an attorney at law? Yes No
37. Is the business or any salesperson a broker-dealer registered with the Securities and Exchange Commission or the Commodity Futures Trading Commission and acting within the course and scope of such regulation?
Yes No
38. Is the business or any salesperson a person who, for fees, dues or on a cooperative basis, regularly engages in whole or in part in the business of assembling or evaluating information regarding consumer reports to third parties, regardless of the means or facility of commerce used to prepare or furnish the consumer reports?
Yes No

I hereby understand and certify, under the penalty of perjury, that by signing this Business Practice Questionnaire, I am stating that this information contained herein is true and correct and that this Business Practice Questionnaire will be verified by the State of Nevada. I hereby give the State of Nevada my written consent to investigate the contents of this Business Practice Questionnaire and I hereby unconditionally agree to hold the State of Nevada harmless from any and all liability, damages, costs, fees, expenses, judgments, orders or charges of any kind that may occur or arise as a result of, or be in any way connected with, the information contained herein or the State of Nevada's investigation of such information. I have not omitted or neglected to provide any of the information requested herein or which Nevada Revised Statutes Chapter 598 or any regulations or rules of practice enacted pursuant thereto required to be provided herein.

Date:

Business Name:

Signature:

Title

PLEASE NOTE: If the business is a corporation or limited liability company, an officer of the business must sign this Business Practice Questionnaire. If the business is a general partnership or joint venture, a partner or joint venturer, as applicable, of the business, must sign this Business Practice Questionnaire. If the business is a limited partnership, this Business Practice Questionnaire must be completed and signed by the general partner. If the business is a natural person this Business Practice Questionnaire must be signed personally by the business. In addition, this Business Practice Questionnaire must be subscribed and sworn to in the presence of a Notary Public.

SUBSCRIBED AND SWORN TO

before me on this _____ day of _____, 20__.

Notary Public in and for Said State and County