

SALES-BASED FINANCING REGISTRATION FORM

**Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640
Telephone (804) 371-9690
scc.virginia.gov/pages/Bureau-of-Financial-Institutions**

INSTRUCTIONS

Each sales-based financing provider and sales-based financing broker required to register with the State Corporation Commission pursuant to Chapter 22.1 of Title 6.2 of the Code of Virginia ("Code") must complete and submit this form. If necessary, additional information, attachments, and/or documents should be filed on 8 1/2" x 11" paper.

The form may be submitted by mail to the Bureau of Financial Institutions at the address reflected above or electronically to BFIAApplications@scc.virginia.gov.

If submitted by mail, attach a check for \$1,000 for the initial registration fee, payable to the Treasurer of Virginia. Upon receipt of electronically filed registration forms, the Bureau will respond with an invoice for the initial \$1,000 registration fee and instructions on how to remit the fee online.

Each provider or broker filing this registration form must separately comply with the corporate registration requirements referenced in § 6.2-2230 of the Code. The Office of the Clerk of the State Corporation Commission handles such filings. Additional information can be viewed online at <https://www.scc.virginia.gov/pages/Businesses>.

Pursuant to Chapter 22.1 of Title 6.2 of the Code of Virginia, the undersigned hereby wishes to register with the State Corporation Commission as a:

Sales-based financing provider Sales-based financing broker Both

1. Name of registrant: _____

2. Trade name [d/b/a], if any: _____

3. Contact information for registrant:

(Primary Mailing Address)

(Primary Telephone Number and E-mail Address)

4. Business will be conducted under the following type of organization:

Corporation Partnership Sole Proprietorship Limited Liability Company

5. If the applicant is a corporation or limited liability company indicate state of incorporation or formation:

State: _____ Date: _____ FEIN: _____

Name and address of registered agent in Virginia _____

6. If a partnership, indicate state and date where partnership formed _____

Type of Partnership (check one): General Limited

7. List below any judgment, memorandum of understanding, cease and desist order, or conviction, which involve a crime or an act of fraud, breach of trust, or money laundering with respect to the registrant or any officer, director, manager, operator, or individual who otherwise controls the operations of the registrant. Attach additional sheets if necessary. If the registrant does not have any applicable events to disclose, it must clearly state so below.

8. Individual responsible for filing this form _____ (Name and Title)

_____ (Mailing Address)

_____ (Telephone Number/E-mail Address)

CERTIFICATION

The undersigned certifies that he/she has been duly authorized to execute and file the foregoing registration form, and that to the best of his/her knowledge, information, and belief, the registration form and accompanying schedules and statements contain no misstatement of fact and do not omit a material fact called for.

Name (Type or Print)

Signature

Title

Sworn to and subscribed before me this _____ day of _____, _____.

Notary Public

Registration Number of Notary: _____

My commission expires: _____