



# Commercial Collection Agency Certification Program

## Payment Form for Certification Program

Firm/Company Name: \_\_\_\_\_

CLLA Member: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (If different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Please choose the payment amount:

Agency Size	Annual Fee
1 – 20 employees	<input type="checkbox"/> \$1,000
21 – 49 employees	<input type="checkbox"/> \$1,700
Over 50 employees	<input type="checkbox"/> \$2,450

### Payment Method – Please Choose One:

Pay By Check  
(Make check payable to Commercial Law League of America, and send to Commercial Law League of America, 3005 Tollview Drive, Rolling Meadows, IL 60008)

Pay By Credit Card (Please fax completed form to the following secure fax line: 847-584-3939.)

American Express Printed Name of Cardholder: \_\_\_\_\_

MasterCard Billing Address of Cardholder (If different than address listed above): \_\_\_\_\_

Visa \_\_\_\_\_

Charge my credit card for: \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_

Please fax completed form to the following secure fax line: 847-584-3939.

Note: to meet PCI compliance, all credit card payments should be sent by fax or mail to our payment center. Any credit cards sent via fax or email will be automatically deleted. For your protection, all credit card information will be destroyed after payment is processed.

