



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"/> \$1,100
21 – 49 Employees	<input type="checkbox"/> \$1,900
Over 50 Employees	<input type="checkbox"/> \$2,700

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, 2500 W Higgins Road, Suite 780, Hoffman Estates, IL 60169)

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

American Express MasterCard Visa

Charge my credit card for: \$ TOTAL

Printed Name of Cardholder: _____

Billing Address of Cardholder (if different than address listed above): _____

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.

