Oath of Applicant

STATE OF _____)
) ss.
COUNTY OF _____)

I, _____, do hereby swear or affirm as _____
Print Name Capacity of affiant, i.e. president, owner, general manager

of _____, That I have personally verified the information contained in the
Name of Collection Agency

attached Initial Collection Agency Application and Nebraska Collection Agency Board Personal/Corporate Financial Statement and the information contained therein is true and correct to the best of my knowledge.

_____
Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

_____
Notary Public