

VEHICLE PROTECTION ASSOCIATION
c/o Greenspoon Marder, P.A.
100 West Cypress Creek Road, Suite 700
Fort Lauderdale, FL 33309
info@vpainfo.org
(561) 455-9917 FAX



APPLICATION FOR VPA MEMBERSHIP

Applicants shall be reliable and ethical companies operating in the vehicle service contract industry that has a regularly established place of business in the United States and/or Canada.

The undersigned is hereby applying for membership in the Vehicle Protection Agency

Please print or type:

Company Name ("Applicant"): _____

Street Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Telephone: _____ Fax: _____

Web Site: _____

Primary Applicant Contact: _____ Title: _____

Cell Phone: _____ E-Mail Address: _____

Alternate Applicant Contact: _____ Title: _____

Cell Phone: _____ E-Mail Address: _____

Membership Category:

- Marketer
- Administrator
- Finance Company
- Data Provider
- Other _____

Annual membership fee: Every January the VPA charges all members a \$2,000 membership fee. This fee is due for new members upon acceptance into the VPA. Please make check payable to: Vehicle Protection Association OR complete the enclosed Payment Authorization form.

Monthly Membership Dues: Monthly membership to the VPA is \$500 and will be billed directly to the address shown above OR charged using the enclosed Payment Authorization form.

Contributions or gifts to the VPA are not deductible as charitable contributions for U.S. Federal Income tax purposes. Membership dues may be deductible as ordinary and necessary business expenses. Membership dues are non-refundable.

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Please answer the following questions:

Yes No Is supervisor/member of management available during all hours of service operation for customer contact and quality control purposes?

Yes No Does Applicant have or participate in any on-going training and education programs for keeping employees up-to-date on compliance policies and/or procedures? Please describe:

Yes No Is Applicant willing to comply with the VPA's Standards of Conduct?

Yes No Does Applicant agree to indemnify and hold the VPA and its representatives, agents and/or auditors harmless for any action against them relating to its participation in the VPA program or any product or service provided to a customer by a VPA participant should a problem arise?

Yes No Does Applicant agree to meet all the legal requirements of its county, municipality and state in which it operates and have your company comply with them?

Yes No Does Applicant agree, in the event that its membership or certification status is revoked for any reason, to immediately remove and discontinue use and display of the VPA logo, sign, other insignias, advertising, etc. that indicates Applicant has any contract, connection or arrangements with the VPA?

Please identify your current business partners:

Administrator(s) _____

Payment Provider(s) _____

Fulfillment Quoting System Provider _____

Yes No Is Applicant a member of the local Better Business Bureau (BBB)?

Please state the number of complaints filed by consumers with your local BBB or consumer protection agency regarding your company during the past 12 months:

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- Yes No Would Applicant agree to Mediation or binding Arbitration by an independent third party to resolve a dispute with a customer?
- Yes No Was Applicant or any of the principals of the Applicant ever associated with a company engaged in the sale or administration of vehicle service contracts that applied for but did not achieve VPA Certification?
- Yes No Has Applicant or any of its owners, principals, managers or current personnel ever entered into a Consent Judgment, Assurance of Voluntary Compliance or similar legal disposition on a matter relating to misrepresentation or deceptive practices with regard to the sale or administration of a vehicle service contract or other product to a consumer?
- Yes No Is the Applicant a principal in any other company that is not currently a member of the VPA? If so, please state Names and DBA (as applicable):

- Yes No Does the Applicant or its owners, principals, managers have multiple locations either under the same company name or a company name using a different d/b/a? If so, please state Names and DBA (as applicable):

- Yes No Does/will your company have partners/owners or senior management who have experience in this industry? Please identify and describe:

- Yes No Has Applicant or any of its owners, principals, or managers ever been convicted of any felony offense or misdemeanor offense related to the sale or administration of a product to a consumer? If yes, please state the date: , , as well as the applicable court and case number:

- Yes No Has Applicant or any of its owners, principals, or managers ever been found, to the best of your knowledge, through any administrative proceedings, to have engaged in misrepresentation or deceptive practices with regard to the sale or administration of a vehicle service contract or other product to a consumer?

- Yes No Has Applicant ever been found, to the best of your knowledge, through any administrative/civil/criminal proceedings, to have engaged in misrepresentation or deceptive practices specifically related to fraudulent financial transactions of any kind?

APPLICATION FOR VPA MEMBERSHIP

Applicant Acknowledgment: This is to certify that the above responses and facts are true and that the signature entered below is that of an officer, or individual authorized to sign by an officer, of Applicant, or its parent company, with the authority to bind the company to the statements and responses herein.

The undersigned authorizes the VPA and its agents to conduct a review, at its discretion, of this company's operations to assure the company's willingness to comply with the VPA Standards of Conduct. It is understood that this review will be performed confidentially. The undersigned further authorizes the VPA, or its authorized representatives, agents or auditors, in the course of conducting a review of Applicant's activities to have access to its business premises and/ or operations, marketing materials, telephone recordings, customer files and any correspondence or complaints received from the BBB or state or federal regulators. The undersigned further agrees, if accepted as a VPA member, to indemnify and hold the VPA and its representatives, agents, affiliates and/ or auditors harmless of any action taken against it as a result of Applicant's membership in the VPA.

I enclose the following:

1. A report from the local Better Business Bureau or consumer protection agency stating that no complaints have been made, OR the number of complaints received/filed with their office regarding Applicant in the past 12 months
2. Check made payable to the Vehicle Protection Association in the amount of **\$2,000.00** or **signed Credit Card Authorization form.**

By signing this Application for Membership, Applicant and its owners, principals, and/or managers agree to comply with the Vehicle Protection Association Standards of Conduct, and comply with all state and federal laws and the rules set forth by the Association's Board of Directors.

Signature

Printed Name

Title

Date

Please send all completed forms via email to info@vpainfo.org or via fax to 561.455.9917

Mail completed forms and payment info to:





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Payment Authorization

Use this form for the following:

- Annual VPA Fee: \$2,000
- Monthly VPA Fee: \$500

Credit Card Authorization				
Card Type (Check One)	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
Name on Card:	Company Name:			
Billing Address:	City:	State:	Zip:	
Credit Card #:	Expiration Date:	CV Code:		

As a duly authorized check signer on the financial institution account identified above I / We authorize the Vehicle Protection Association (VPA) to perform scheduled electronic funds transfer debits from my / our account identified above for membership payments due, or when applicable, apply electronic funds transfer credits to the same account. This applies to check by phone payments as well as any other electronic payment. I / We understand and authorize all of the above as evidenced by my / our signature below.

By signing this form, you authorize the Vehicle Protection Agency to charge your card for the amount(s) listed above.

Signed: _____

Date: _____