

Application for the Credit Business FellowSM (CBFSM) Designation

Applicant Information

Mr./Ms.

First Name	Middle or Maiden Name	Last Name	
(Name as should appear on all correspondence and certificates)			
Birth Month and Day (MM/DD)			Title
Company			SIC Codes
Business Mailing Address	City	State	Zip
Business Shipping Address	City	State	Zip
Direct Business Telephone			Main Business Telephone
Direct Business Fax			Main Business Fax
Home Address	City	State	Zip
Home Telephone			Business E-Mail Address

I understand that I must already be registered with the National Education Department, and have earned the Credit Business Associate (CBA) to apply for this designation.

I understand that a non-refundable fee must accompany this application. This fee covers the CBF designation process. I further understand that should I fail to complete this process by not taking the exam within one year of my written approval, I will need to reapply. The application fee is not divisible; no part will be refunded should I not complete the process.

2007 Application Fee:	Member:	\$265
	Non-member:	\$400

A check, made payable to NACM-National Education Department, is attached.

Charge to: VISA MasterCard American Express Diners Club Discover Card

Card Number	Card ID/Security Number	Expiration Date
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Cardholder's Name	Cardholder's Signature
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Credit Card Billing Address

Please send all correspondence related to this application to:

- Home address
- Business address

- Check here if upon receiving the CBF designation, you would like NACM to notify your immediate supervisor (only one name please) of your achievement. NACM's President should send the letter to:

Mr./Ms.

Name of My Supervisor Supervisor's Title

Company

Mailing Address City State Zip

Direct Phone Direct Fax E-mail Address

I understand that I must take and pass the CBF exam before achieving this designation.

I have met all of the requirements for this designation as outlined in the NACM Professional Certification brochure and have attached a completed copy of the NACM Career Roadmap showing completion of the required course work. By my signature, I agree to uphold the NACM Canons of Business Credit Ethics with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application, forfeiture of the application fee and prohibit me from participating in the Professional Certification Program. I further agree to conduct myself in all business dealings so as to reflect honor and merit upon the financial and business credit profession.

Signature of Applicant Date of Application

I understand that by providing my mailing address, e-mail address, telephone and fax numbers, I consent to receive communications sent by or on behalf of the National Association of Credit Management (NACM), FCIB-NACM, Inc., and its subsidiaries and Affiliated organizations, via regular mail, e-mail, telephone or fax.

Signature Date

Mail to: National Association of Credit Management
Professional Certification Program
8840 Columbia 100 Parkway
Columbia, MD 21045-2158