

Consumer Justice Group
Consumer Advocacy Program (C.A.P.)
Enrollment Application

Instructions

1. Carefully review all documents.
2. Complete, sign, and date.
3. Retain copies of documents for your records.
4. *Fax, email, or mail original documents, documentation of your clients (i.e. names, email addresses, mailing addresses, and creditors), and first monthly payment to Consumer Justice Group.
5. Once received, reviewed, and processed an email confirmation will be provided confirming your enrollment and effective start date.

*Original Agreement must be mailed if previously faxed or emailed to our organization.

Please complete the application as accurately and with as much detail as possible to allow efficient processing.

Company Contact Information

Company Name	
dba:	
Principal/Owner Name(s)	

Primary Contact's Information (This should be the party managing communication in connection with your CAP Account).	Name	
	Title	
	Email	
	Direct Ph#	

Mailing Address	
Company Phone Number	
Web Site Address	

Company Information

How long has your company been in business?

Does your company provide front-end, back-end, or both services?

How many clients does your company presently service?

How many clients does your company enroll monthly?

Is your company a member of any organization? If so, please list:

When would you like services to become effective?

How does your company currently handle consumer advocacy issues?

**Consumer Justice Group
Contact Information**

Please feel free to contact a representative for assistance.

Consumer Justice Group
P.O. Box 372
Camarillo, CA. 93011-0372
Attn: C.A.P.

Phone Number: 800-990-5213
Email: info@consumerjusticegroup.org
Fax: 805-265-5010

All of the information provided in this application is current, complete, and accurate to the best of my knowledge and the undersigned is an authorized representative of the company.

Print Name

Print Title

Signature

Date

FOR INTERNAL USE ONLY

Authorized Signature

Date