

RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION FORM PART I (Required)

STATEMENT OF CONFIDENTIALITY: THE INFORMATION ASKED FOR AND COLLECTED IN THIS APPLICATION IS FOR APPLICANT BACKGROUND AND INFORMATION GATHERING PURPOSES ONLY. INFORMATION COLLECTED WILL NOT BE SHARED AND WILL COME TO BEAR ONLY IN THE EVENT A CLAIM IS FILED. ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

1. APPLICANT INFORMATION

Company Legal Name:	
Company Also Doing Business As:	

Company President and/or Principal(s): (list details below)

Name #1:		Title:		E-mail:	
Name #2:		Title:		E-mail:	
Name #3:		Title:		E-mail:	

Company Address:					
Company Address Continued:					

City:		State/Province:		Postal Code:		Country:	
Main Phone:				Main Fax:			
Toll-Free:				Main E-mail:			

RPP Contact(s): (list details below)

Name #1:		Title:		E-mail:	
Name #2:		Title:		E-mail:	
Name #3:		Title:		E-mail:	

Is your company currently a member of another household goods or forwarding industry trade association?	YES	NO
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If Yes, which one? Check all that apply: *[put X in white box to left of organization name]*

<input type="checkbox"/> AMSA	<input type="checkbox"/> BAR	<input type="checkbox"/> FEMA	<input type="checkbox"/> LACMA	<input type="checkbox"/> PAIMA	Other (Specify):
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Does your company do business outside the United States and Canada?	YES	NO
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In addition to personal property shipments (HHG), what other kinds of shipments does your company handle?
[put X in white box to left of appropriate item(s)]

<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> General Commodities	<input type="checkbox"/> Pets	<input type="checkbox"/> Antiques	Other (Specify):
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Does your company currently participate in another payment/receivable guarantee and/or protection program?	YES	NO
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If YES to above, provide details below:

Program Name:	Year Joined:	Number of claims in last 5 years:
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Please indicate whether your company is an Active or Associate member of HHGFAA:	Active Member	Associate Member
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What best describes your company? Check all that apply:
put X in white box to left of the appropriate description(s)

<input type="checkbox"/> Forwarder	<input type="checkbox"/> Local Agent	<input type="checkbox"/> Port Agent	<input type="checkbox"/> Carrier	Other (Specify):
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Signature:	Title:	Date:
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IMPORTANT NOTE: PART II OF THE RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION IS OPTIONAL. HOWEVER, HHGFAA ENCOURAGE APPLICANTS TO COMPLETE AS MUCH OF PART II OF THE APPLICATION AS POSSIBLE. INFORMATION AND DATA COLLECTED WILL BE USED EVALUATE POTENTIAL FUTURE RPP EXPANSION. ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

5904 Richmond Highway, Suite 404, Alexandria, VA 22303 :: Phone: 703.317.9950 :: Fax: 703.317.9960
Contact Boris Populoh via e-mail at boris.populoh@hhgfaa.org :: Web Site: www.HHGFAA.org

FOR HHGFAA OFFICE USE ONLY:	Received on: ___/___/___	Received via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email	Received by: _____	Entered into system: ___/___/___
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RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION FORM PART II (Optional)

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Company Legal Name:							
Company Address:							
Company Address Continued:							
City:		State/Province:		Postal Code:		Country:	

2. ACCOUNTS RECEIVABLE (A/R) SUMMARY

Express in Equivalent U.S. Dollars	Domestic	International
Total number of active accounts		
	\$	
	\$	
Provide Ending A/R and Dates for the Four (4) Prior Quarters		
1 st Quarter	\$	\$
2 nd Quarter	\$	\$
3 rd Quarter	\$	\$
4 th Quarter	\$	\$

3. TERMS OF SALE

	Domestic					International									
Usual open account terms of sale (number of days)	30		30-60		60-90		90+		30		30-60		60-90		90+
	30		30-60		60-90		90+		30		30-60		60-90		90+
Percentage of sales under normal terms						%						%			
Does your company utilize "letter of credit"?	YES		NO					YES		NO					
Is pre-payment required on first time business transactions?	YES		NO					YES		NO					

4. INTERNATIONAL SALES DISTRIBUTION

Top Int'l Sales by Country (Previous Fiscal Year)	Number of Shipments	Sales
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION FORM PART II (Optional)

5. SALES AND LOSS HISTORY

	Current year-to date	Three most recent full year's results (in thousands of U.S. dollars)			Worst loss year over last five years
Year (current + 3 most recent)					
Net Sales	\$	\$	\$	\$	\$
Bad Debts (uncollected)	\$	\$	\$	\$	\$
Number of bad debt write offs					
Largest single loss	\$	\$	\$	\$	\$
Name of Company					
City/Country					
Second largest single loss					
Name of country					
City/Country					
Forecasted net sales for next 12 months (in U.S. dollars)		\$			

6. CURRENT PAST DUE ACCOUNTS and BALANCES (RECEIVABLES)

Company Name/Country	HHGFAA Member		Date of Shipment (mm/dd/yyyy)	Account Balance (thousands US \$)	Original Terms of Sale	Reason(s) for the Account being Past Due
1.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
2.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
3.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
4.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
5.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
6.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
7.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
8.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
9.	<input type="checkbox"/>	<input type="checkbox"/>		\$		
10.	<input type="checkbox"/>	<input type="checkbox"/>		\$		

7. CREDIT MANAGEMENT PROCESS

Does your company have a formal written credit procedure?		YES		NO
At what credit limit are financial statements normally required?	\$			
Does your company refer to the status of the account before authorizing credit (credit check)?		YES		NO
Does your company have formal collections procedures?		YES		NO

Signature:		Title:		Date:	
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LEGAL NOTICE: Any person who knowingly and with intent to defraud the Receivable Protection Program or other person(s) files an application for membership in the RPP or makes a statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and punishable by law.

FOR HHGFAA OFFICE USE ONLY:

Received on: ___/___/___
Received by: _____

Received via: Mail Fax Email
Entered into system: ___/___/___

RECEIVABLE PROTECTION PROGRAM (RPP) Application Payment Form

Company Name:							
Company Address:							
Company Address Continued:							
City:		State/Province:		Postal Code:		Country:	

***** **Payment Information** *****

Credit Card Information

Last Name:				First Name:				
Billing Address:								
Billing Address Continued:								
City:		State/Province:		Postal Code:		Country:		
Type of Credit Card:			<input type="checkbox"/>	American Express	<input type="checkbox"/>	MasterCard	<input type="checkbox"/>	VISA

Card Number:		Expiration Date:	
Security Code:		Payment Amount:	
Phone Number:			
Email Address:			

Fax Application and Payment Forms to:
(703) 317-9960

Mail Application and Payment Forms to:
HHGFAA
Attn: RPP
5904 Richmond Highway
Suite 404
Alexandria, Virginia 22303

Email Application and Payment Forms to:
info@hhgfaa.org
Subject Line: RPP Application

RPP Application Fee Structure

**\$250.00 if joining the RPP between:
July 1, 2007 – June 30, 2008**

**\$350.00 if joining the RPP between:
July 1, 2008 – June 30, 2009**

**\$500.00 if joining the RPP after
July 1, 2009**

WIRE TRANSFER INFORMATION:

PNC BANK
1700 DIAGONAL ROAD
ALEXANDRIA, VA 22314
Tel: 703.518.2434

Account Number: 5556703775
Routing Number: 031000053
Swift Code: PNCCUS33

Please add \$50.00USD to Cover Bank Processing Fee!

Please make payment in U.S. Dollars in full with no bank charges deducted from the total amount and charges to HHGFAA, Inc.

Include Company Name and "RPP Payment" in note section of Wire Transfer

Check Payments:

Checks are to be made payable to: HHGFAA, Inc.
Checks are to be issued in U.S. Dollars, drawn on an U.S. Bank