

# TRADE NAME OR ASSUMED BUSINESS NAME FILING



## Oregon Department of Consumer & Business Services Division of Financial Regulation

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14480, Salem, OR 97309-0405  
(503) 378-4140 ♦ Fax: (503) 947-7862 ♦ TTY: (503) 378-4100  
www.oregondfcs.org

Pursuant to ORS 59.175(7) and OAR 441-175-0171

Date: \_\_\_\_\_ Applicant's CRD number: \_\_\_\_\_

Trade name or assumed business name: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Contact's name: \_\_\_\_\_

Phone number: (      ) \_\_\_\_\_ Fax: (      ) \_\_\_\_\_

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
_____	_____
Credit card number	Expiration date
_____	
Name of cardholder as shown on credit card	
_____	
Cardholder signature	\$ _____
	Amount

**Filing fee: \$50**

**Make check or money order payable to Department of Consumer & Business Services.** If paying by credit card, applicant must sign credit-card information box.

**Mail application with payment to:**

DCBS — Fiscal Services  
P.O. Box 14610  
Salem, OR 97309-0405

**Fiscal use only: 62110/1002 \$50.00**

