

# INTERNATIONAL ASSOCIATION OF MOVERS RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION

## PART I (This page must be completed)

Page 1

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 Name (as listed in the IAM Member Directory): \_\_\_\_\_

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

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

Is your company currently a member of another household goods or forwarding industry trade association?  YES  NO

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"/> FIDI	<input type="checkbox"/> LACMA	<input type="checkbox"/> PAIMA	Other (Specify): _____
-------------------------------	------------------------------	-------------------------------	--------------------------------	--------------------------------	------------------------

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): _____
---	--	-------------------------------	-----------------------------------	------------------------

Does your company currently participate in another payment/receivable guarantee and/or protection program?  YES  NO

If YES to above, provide details below:

Program Name: _____	Year Joined: _____	Number of claims in last 5 years: _____
---------------------	--------------------	---

Please indicate whether your company is a Governing or Core member of IAM:  Governing  Core

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"/> Van Line	Other (Specify): _____
------------------------------------	--------------------------------------	-------------------------------------	-----------------------------------	------------------------

Signature: _____	Title: _____	Date: _____
------------------	--------------	-------------

**IMPORTANT NOTE:** PART II OF THE RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION IS OPTIONAL. HOWEVER, IAM ENCOURAGES APPLICANTS TO COMPLETE AS MUCH OF PART II OF THE APPLICATION AS POSSIBLE. INFORMATION AND DATA COLLECTED WILL BE USED TO EVALUATE POTENTIAL FUTURE RPP EXPANSION. ALL INFORMATION PROVIDED WILL BE HELD IN STRICT CONFIDENCE.

International Association of Movers  
 5904 Richmond Highway, Suite 404, Alexandria, VA 22303 :: Phone: 703.317.9950 :: Fax: 703.317.9960  
 Contact the RPP Administrator via e-mail at: [rpp@IAMovers.org](mailto:rpp@IAMovers.org) :: Web Site: [www.IAMovers.org](http://www.IAMovers.org)

FOR IAM OFFICE USE ONLY:

Received on: \_\_\_/\_\_\_/\_\_\_  
 Received by: \_\_\_\_\_

Received via:  Mail  Fax  Email  
 Entered into system: \_\_\_/\_\_\_/\_\_\_

# RECEIVABLE PROTECTION PROGRAM (RPP) APPLICATION

## PART II (Optional page for completion)

Company 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		
	\$	
	\$	
<b>Provide Ending A/R and Dates for the Four (4) Prior Quarters</b>		
1 <sup>st</sup> Quarter	\$	\$
2 <sup>nd</sup> Quarter	\$	\$
3 <sup>rd</sup> Quarter	\$	\$
4 <sup>th</sup> 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

## PART II (Optional page for completion)

### 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
Total Yearly Revenue					
Net Revenue	\$	\$	\$	\$	\$
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					
<b>Forecasted net sales for next 12 months (in U.S. dollars)</b>		\$			

### 6. CURRENT PAST DUE ACCOUNTS and BALANCES (RECEIVABLES)

Company Name/Country	IAM Member		Date of Shipment (mm/dd/yyyy)	Account Balance (thousands US \$)	Original Terms of Sale	Reason(s) for the Account being Past Due
1.	YES	NO		\$		
2.	YES	NO		\$		
3.	YES	NO		\$		
4.	YES	NO		\$		
5.	YES	NO		\$		
6.	YES	NO		\$		
7.	YES	NO		\$		
8.	YES	NO		\$		
9.	YES	NO		\$		
10.	YES	NO		\$		

### 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:	
------------	--	--------	--	-------	--

**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 IAM OFFICE USE ONLY:

Received on: \_\_\_/\_\_\_/\_\_\_  
Received by: \_\_\_\_\_

Received via:  Mail  Fax  Email  
Entered into system: \_\_\_/\_\_\_/\_\_\_

# RECEIVABLE PROTECTION PROGRAM (RPP)

## Application Payment Form (This page must be completed)

Company Name (as listed in the IAM Member Directory):							
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:		American Express		MasterCard		VISA	

Card Number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CVV/Security Code:	
Card Expiration Date:		Payment Amount:	
Billing Phone Number:			
Email Address:			

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

**Mail Application and Payment Forms to:**  
[International Association of Movers \(IAM\)](http://InternationalAssociationofMovers.com)  
 Attn: RPP  
 5904 Richmond Highway, Suite 404  
 Alexandria, Virginia 22303

**Email Application and Payment Forms to:**  
[rpp@IAMovers.org](mailto:rpp@IAMovers.org)  
 Subject Line: RPP Application

**RPP Application Fee Structure**

- **\$350.00** if joining the RPP before **December 31, 2009**
- **\$450.00** if joining the RPP between **January 1 – March 31, 2010** (The first Annual Participation Fee of \$100 will be billed in July, 2010)
- **\$650.00** if joining the RPP after **April 1, 2010** (Amount includes the first annual Participation Fee for FY 2010-11)

**Bank Wire Transfer Information:**

**PLEASE CONTACT IAM FOR SPECIFIC BANK WIRING INSTRUCTIONS:** [rpp@IAMovers.org](mailto:rpp@IAMovers.org)

**Note:** Add USD\$50.00 to Cover Bank Wiring/Processing Fees

Include Company Name and "RPP Payment" in note section of wire transfer form.

**Bank Check Payments:**

**Note:** Checks are to be made payable to: International Association of Movers

Checks are to be issued in U.S. Dollars and drawn on a U.S. Bank Account