

*State of North Carolina
Department of the Secretary of State*

**TELEPHONIC SELLER REGISTRATION AND BOND
REQUIREMENT**

This packet contains information on North Carolina Registration and Bonding Requirement Act in Chapter 66, Article 33 of the North Carolina General Statutes.

You are invited to examine carefully the sections of the Act dealing with the definition of “telephonic seller” and the exemptions to determine if you need to register as a telephone seller.

If your firm meets the definition of “telephonic seller” and does not fall within one of the exemptions cited in NCGS 66-260 (11) it must register with the North Carolina Department of the Secretary of State.

The annual filing fee is \$100.00. Checks should be made payable to the NC Secretary of State.

Completed applications should be sent to:

Telephonic Seller Registration
Attention: Wendy Haynes
North Carolina Department of the Secretary of State
P.O. Box 29626
Raleigh, NC 27626-0626

TELEPHONIC SELLER
REGISTRATION FORM

1. **Registrant's Name(s):** _____

(List all names, including any assumed names under which the telephonic seller intends to do business in North Carolina.)

2. **Organizational Form of Business**

Domestic Sole Proprietorship

Foreign Sole Proprietorship

Domestic Corporation

Foreign Corporation

Domestic Nonprofit Corporation,

Foreign Nonprofit Corporation

Domestic Limited Liability Company

Foreign Limited Liability Company

Domestic General Partnership

Foreign General Partnership

Domestic Limited Partnership

Foreign Limited Partnership

Domestic Limited Liability Partnership

Foreign Limited Liability Partnership

If the seller is a corporation, attach a copy of its Articles of Incorporation, By-laws, and amendments.

If the seller is a partnership, attach a copy of the partnership agreement.

3. **List the registrant's principal place of business (*Note: private mail service addresses are not acceptable in response to this item*):**

Street Address: _____ Suite/Apt: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

4. Provide the complete street addresses of each location from which telephonic sales are to be made, together with all telephone numbers with area codes serving each address.

Address 1: _____ Suite/Apt: _____

City: _____ State/Province: _____

Zip: _____ Country: _____

Ph. No. 1: _____
Ph. No. 2: _____
Ph. No. 3: _____
Ph. No. 4: _____
Ph. No. 5: _____
Ph. No. 6: _____

Address 2: _____ Suite/Apt: _____
City: _____ State/Province: _____
Zip: _____ Country: _____
Ph. No. 1: _____
Ph. No. 2: _____
Ph. No. 3: _____
Ph. No. 4: _____
Ph. No. 5: _____
Ph. No. 6: _____

Address 3: _____ Suite/Apt: _____
City: _____ State/Province: _____
Zip: _____ Country: _____
Ph. No. 1: _____
Ph. No. 2: _____
Ph. No. 3: _____
Ph. No. 4: _____
Ph. No. 5: _____
Ph. No. 6: _____

Address 4: _____ Suite/Apt: _____
City: _____ State/Province: _____
Zip: _____ Country: _____
Ph. No. 1: _____
Ph. No. 2: _____
Ph. No. 3: _____
Ph. No. 4: _____
Ph. No. 5: _____
Ph. No. 6: _____

If there are other locations and/or telephone numbers, please note the use of an attachment on the application form and submit the numbers and/or addresses on a separate sheet.

5. Please complete the following for each principal:

Principal 1 Name: _____ Title: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Principal 2 Name: _____ Title: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Principal 3 Name: _____ Title: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Principal 4 Name: _____ Title: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

If there are other principals please note the use of an attachment on the application form and submit the information on a separate sheet.

6. Please list the true name, street address, date of birth, and social security number for each operator, together with the operator's full employment history during the preceding two years.

Operator 1 Name: _____ **Title:** _____

Residential Address: _____ **City:** _____

State/Province: _____ **Zip:** _____ **Country:** _____

Date of Birth: _____ **SSN:** _____

Operator 1 Employment History

Employer's Name and Street Address

Employment Dates

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Operator 2 Name: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Operator 2 Employment History

Employer's Name and Street Address

Employment Dates

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Operator 3 Name: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Operator 3 Employment History

Employer's Name and Street Address

Employment Dates

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Operator 4 Name: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Operator 4 Employment History

Employer's Name and Street Address

Employment Dates

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

From _____ to _____

Operator 5 Name: _____

Residential Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Date of Birth: _____ SSN: _____

Operator 5 Employment History

Employer's Name and Street Address	Employment Dates
_____ _____ _____ _____	From _____ to _____
_____ _____ _____ _____	From _____ to _____
_____ _____ _____ _____	From _____ to _____
_____ _____ _____ _____	From _____ to _____
_____ _____ _____ _____	From _____ to _____

If there are other operators, please note the use of an attachment on the application form and submit the information on a separate sheet.

7. List the name and address of all banks or savings institutions where the telephonic seller maintains deposit accounts.

Bank 1 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Bank 2 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Bank 3 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Bank 4 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

If there are other banking institutions, note the use of an attachment on the application form and submit the information on a separate sheet.

8. List the name and address of each long-distance telephone carrier used by the telephonic seller.

Telephone Carrier 1 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Telephone Carrier 2 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

Telephone Carrier 3 Name: _____

Address: _____ City: _____

State/Province: _____ Zip: _____ Country: _____

If there are other long-distance telephone carriers, note the use of an attachment on the application form and submit the information on a separate sheet.

9. Provide a summary on an attachment of each civil or criminal proceeding brought against the telephonic seller, any of its principals, or any of its room operators during the preceding five (5) years by federal, state or local officials relating to telephonic sales practices of each.

The summary shall include the date each action was commenced, the criminal or civil charges alleged, the case caption, the court file number, the court venue, and the disposition of the action.

SIGNATURES AND CERTIFICATION OF PRINCIPALS
SUBMITTING REGISTRATION

The undersigned hereby certify that they are principals for _____
_____ (Registrant); that, following due diligence, they submit the foregoing information on behalf of registrant; that based upon said due and diligent efforts and their personal knowledge the information submitted as part of this registration is complete and accurate; and that they understand North Carolina General Statute § 66-261(d) requires them to file an Addendum to this registration reflecting any changes in or additions to the foregoing information within ten days after the occurrence of events giving rise to such changes.

Principal #1 _____

Title _____

Principal #2 _____

Title _____

Principal #3 _____

Title _____

Principal #4 _____

Title _____

If there are more than four (4) principals, add their signatures and titles below or on a separate sheet with a notary acknowledgement.

STATE OF _____)
)
COUNTY OF _____)

S. S.

I, _____, a Notary Public for said County and State, do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument .

Witness my hand and official seal, this the _____ day of _____, 20_____.

(Official Seal) _____

NOTARY PUBLIC

My commission expires _____, 20_____

(Separate Notary Acknowledgment where certain principals cannot execute Registration at the same time or place as the others.)

STATE OF _____)
)
COUNTY OF _____)

S. S.

I, _____, a Notary Public for said County and State, do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____

(Official Seal) _____

NOTARY PUBLIC

My commission expires _____, 20_____.