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TELEPHONE SOLICITATIONS ACT

pursuant to IC 24-5-12-1 et seq.

Instructions for Completing the Attorney General's Standard Disclosure Form

INTRODUCTION: The Attorney General's Standard Disclosure Form and the instructions for completing it have been prepared as an aid to telephone solicitors. They are not official documents and are not to be relied upon as such. Should the user have any questions or require additional information, he or she should consult IC 24-5-12-1 et seq. directly, seek counsel from an attorney, or contact the Consumer Protection Division.

Please return a copy of the completed disclosure statement and a check, certified check, or money order, in the amount of fifty dollars (\$50.00) payable to the State of Indiana, to:

Office of the Attorney General Consumer
Protection Division 5th Floor
Indiana Government Center South
302 W. Washington Street
Indianapolis, Indiana 46204-2794

Complete ALL portions of this document in accordance with the instructions. Attach additional sheets when necessary to give complete disclosure.

I. REGISTRATION

This telephone solicitation disclosure document has been filed with the Consumer Protection Division, Office of the Indiana Attorney General, and has been assigned the following registration number:

Indiana Registration Number _____

Date Filed _____

Name of Telephone Solicitor _____

II. IDENTITY OF SELLER

a. List the Seller's official name, organizational status, and address in the spaces provided. Be sure to list all names under which the seller has, currently does, or intends to make any solicitation.

b. If the Seller is affiliated with any company which is legally responsible for statements made by the Seller, or which will engage in transactions with potential buyers, list that company. _____

1. Name, address, and telephone number of seller (including fax and e-mail, if appropriate):

This business is a (check one)

- individual
- sole proprietorship
- partnership
- corporation
- other legal entity (describe) _____

2. This business does business under the following name or names:

3. *Check and complete all applicable items:*

The Seller is an independent business entity and takes full responsibility for statements made by the Seller in this document and elsewhere, and will engage in business transactions with prospective purchasers of these items, products or services.

The Seller is a subsidiary of: _____

who will:

- take responsibility for all statements made by the Seller in this document or elsewhere;
- engage in business transactions with prospective purchasers of these items, products or services.

The Seller is an affiliate of: _____

who will:

- take responsibility for all statements made by the Seller in this document or elsewhere;
- engage in business transactions with prospective purchasers of these items, products or services.

III. SELLER'S MANAGERS

List the names, business and home addresses, business and home telephone numbers, and titles of the Seller's officers, directors, trustees, general partners, general managers, principal executives, and any other persons charged with responsibility for the business activities relating to the making of telephone solicitations.

The following individuals are responsible for the Seller's business activities relating to the telephone solicitations:

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

IV. SELLER'S AGENTS IN INDIANA

List the names, business and home addresses, and business and home telephone numbers of all the Seller's representatives who are making any telephone solicitations in Indiana.

The following individuals make telephone solicitations for items offered in the State of Indiana (this includes each and every telemarketer that will place calls into Indiana:

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

Name _____ Position _____ Date of Birth _____
Business Address _____
City/State/Zip _____
Telephone Number _____

V. SELLER'S BUSINESS RECORD

Attach a copy of unexecuted contracts between Seller and Purchaser.

1. The Seller has solicited telephone sales of any type for ___ years and ___ months.
2. The Seller has made telephone solicitations involving the sale of goods or services currently being offered for ___ years and ___ months.

VI. TERMS OF AGREEMENT

Answer the following questions fully and completely.

1. The price to be paid by the prospective purchaser is (describe terms in detail):
2. The Seller undertakes to perform the following services for the purchaser (describe completely and in detail):
3. Attach an unexecuted copy of each proposed contract between the Seller and the purchaser.

VII. LOCATIONS

List name, complete street address, and all telephone numbers used in each location from which Seller is making solicitations.

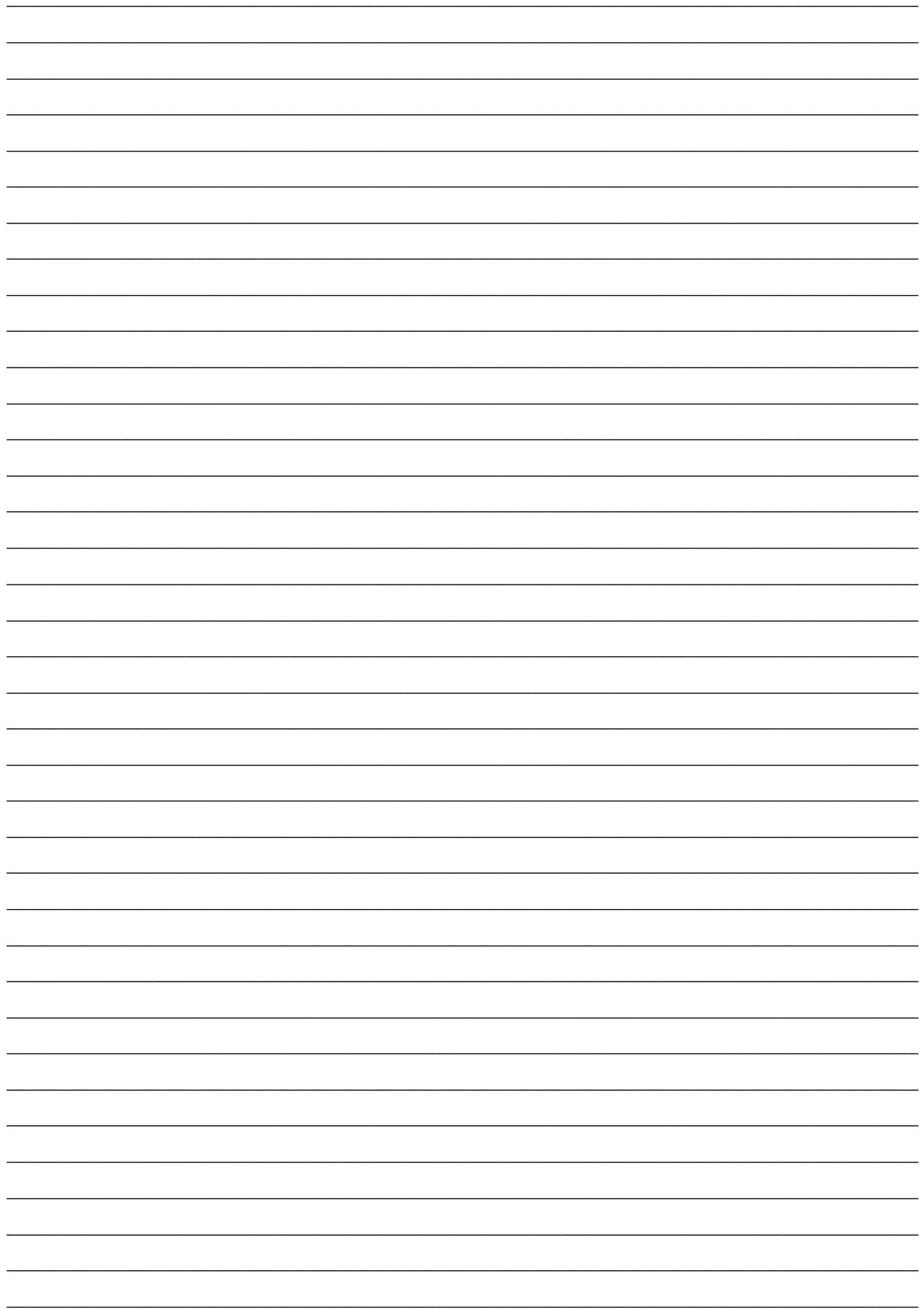
The seller will be conducting business from all of the following locations. The first one should be the principal place of business in Indiana.

Name of Business or Location _____
Address _____
City/State/Zip _____
Telephone numbers associated with this location _____

Name of Business or Location _____
Address _____
City/State/Zip _____
Telephone numbers associated with this location _____

Name of Business or Location _____
Address _____
City/State/Zip _____
Telephone numbers associated with this location _____

On the next page please include ALL phone numbers your company will be using to solicit to Indiana residents.



VIII. INFORMATION ABOUT GIFTS, ETC.

 This Section only applies to sellers who represent or imply that a prospect will receive a gift, premium, bonus, prize, etc. If you offer a gift, premium bonus or prize as part of your solicitation, complete this section.

1. Provide the following information:

Item Offered _____ Item's Represented Value _____ Price Supplier Paid _____
Supplier's Name _____ Telephone Number _____
Address _____ City/State/Zip _____

Item Offered _____ Item's Represented Value _____ Price Supplier Paid _____
Supplier's Name _____ Telephone Number _____
Address _____ City/State/Zip _____

Item Offered _____ Item's Represented Value _____ Price Supplier Paid _____
Supplier's Name _____ Telephone Number _____
Address _____ City/State/Zip _____

Item Offered _____ Item's Represented Value _____ Price Supplier Paid _____
Supplier's Name _____ Telephone Number _____
Address _____ City/State/Zip _____

Item Offered _____ Item's Represented Value _____ Price Supplier Paid _____
Supplier's Name _____ Telephone Number _____
Address _____ City/State/Zip _____

2. How do you determine which items a prospect is to receive, if the prospect is to receive fewer than all of the items offered? _____

3. State the odds that a prospect has of receiving each item listed in Question IX

4. State all terms and conditions that a prospect must meet in order to receive the item(s) to be given. _____

IX. SERVICE OF PROCESS

List the person or entity authorized to receive service in the State of Indiana:

Name _____ Relationship to Company _____
Company Name (if different than Telephone Solicitor) _____
Address _____ City/State/Zip _____
Telephone Number _____

Name _____ Relationship to Company _____
Company Name (if different than Telephone Solicitor) _____
Address _____ City/State/Zip _____
Telephone Number _____

X. SALES SCRIPTS

Attach a copy of all sales scripts that you require salespersons to use. If none, so state.

XI. SIGNATURE

I swear and/or affirm under penalties for perjury that the representations made in this application are true and accurate.

Date Signed

Name of Registrant

By:

(signature and title)

(printed signature)

STATE OF
COUNTY OF

)
)
)

NOTARY

SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State,

this _____ day of _____, 20_____.

My Commission Expires: _____

Printed Signature _____

Signature of Notary Public _____

County of Residence: _____