

**State of Delaware  
Department of Justice  
Telemarketing Registration Statement**

**SELLER IDENTIFICATION FORM**

**Instructions.** If the Registrant indicated yes under Section VII, this form must be completed for each seller that has hired the Registrant to engage in telemarketing to customers located in the State of Delaware. Please type or print the following information in the space provided. If necessary, attach additional sheets.

1. **The Seller's Legal Name:**

--

2. **The Seller's Business Address:**

Address (Line 1)	
Address (Line 2)	
City, State, Zip Code	

3. **The Seller's Business's Phone Number:**

(    ) _____ - _____
----------------------

4. **The Seller's Business Name:**

--

5. **The Seller's State of Incorporation:**

--

6. **The Seller's Registered Agent:**

Name	
Address Line # 1	
Address Line # 2	
City, State, Zip	
Phone Number	(_____) _____ - _____