



Secretary of State of the State of Arkansas

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## TELEPHONIC SELLER ANNUAL REGISTRATION FORM

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Pursuant to Act 137 of 1993 of the Arkansas General Assembly, codified at Ark. Code Ann. §§ 4-99-101 through 112, Arkansas law requires an telephonic sellers to register with the Secretary of State prior to doing business in the State of Arkansas, including soliciting prospective purchasers from locations in Arkansas or soliciting prospective purchasers who are located in Arkansas. Registration is only valid for one year and may be renewed for additional one-year periods with the filing of this form and applicable fees. This form and all required attachments must be submitted at least 10 days prior to any solicitation.

The following must be included with the submission of this form:

1. A fee of \$100 made payable to the Secretary of State of the State of Arkansas;
2. A copy of the seller's business formation documents:
  - a. If incorporated, a copy of the Articles of Incorporation or Organization along with its bylaws and any amendments; and
  - b. If a partnership, a copy of the partnership agreement;
3. A fully executed bond in the amount of \$50,000.00;
  - a. The bond must be issued by a surety company authorized to do business in Arkansas,
  - b. The bond must run in favor of the Secretary of State (see Ark. Code Ann. §4-99-107),
  - c. The bond must remain current at all times for registration to remain valid; and
4. An executed Consent for Service (Form TS-02), if applicable;
5. A declaration from each principle of the telephonic seller verifying that the information is correct (p. 8 of Form TS-01); and
6. For every salesperson employed by the telephone seller, a completed Telephonic Salesperson Annual Registration Form (Form TS-03) and the applicable document and fees.

This form and all attachments should be submitted via email to [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov). Incomplete submissions will not be accepted. You are obligated to update or revise any material change in the information submitted to the Secretary of State not more than 10 days after the change occurs.

Changes or updates should be submitted on this form.

If you have questions or inquiries, please contact us via email at [charities@sos.arkansas.gov](mailto:charities@sos.arkansas.gov), via phone at (501) 683-0094, or via mail to Arkansas Secretary of State, Business and Commercial Services, ATTN: Charities Registration, 1401 W. Capitol, Suite 250, Little Rock, AR 72201.

## Section I. Seller's Information

Federal EIN

Organization's Legal Name

Any Previous Legal Name(s)

Any Name(s) Under Which the Entity Does Business or Intends to do Business

## Section II. Designated Contact Information

Designated Contact for Correspondence

Mailing Address

City

State

Zip

Designated Contact's Phone Number

Designated Contact's Email Address

## Section III. Addresses and Telephone Numbers

Principal Physical Address

City

State

Zip

Any Address(es) From Which Seller Will Conduct Business (if different from above)

All Telephone Numbers Used by Seller and the Address Where the Number is Used

## Section IV. Corporate Information

Seller's Business Form

State of Incorporation or Organization

Date of Incorporation or Establishment

\_\_/\_\_/\_\_

Name of Agent in Arkansas Authorized to Receive Service of Process

City

State

Zip

Provide the following information for Parent or Affiliate Companies (Include any company that engages in business transactions with purchasers relating to sales solicited by the seller, or any company that accepts responsibility for statements made by, or acts of, the seller relating to sales solicited by the seller). Please provide as many additional pages of Section IV as is necessary to include each company.

Name of Parent or Affiliate Company

Parent

Affiliate

Business Form

State of Incorporation

Date of Incorporation or Establishment

\_\_/\_\_/\_\_

If operating under a fictitious name, the location where the fictitious name is registered

Name of Parent or Affiliate Company

Parent

Affiliate

Business Form

State of Incorporation

Date of Incorporation or Establishment

\_\_/\_\_/\_\_

If operating under a fictitious name, the location where the fictitious name is registered

Name of Parent or Affiliate Company

Parent

Affiliate

Business Form

State of Incorporation

Date of Incorporation or Establishment

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If operating under a fictitious name, the location where the fictitious name is registered

## Section V. Officers' and Owners' Information

The following information must be provided for each of the seller's officers, directors, trustees, general and limited partners, sole proprietor, owners, and managers. Please provide as many additional pages of Section V as is necessary to include each individual.

Name		
Select Any Applicable Roles <input type="checkbox"/> Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Limited Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Owner <input type="checkbox"/> Manager		
Address of Principle Residence		
City	State	Zip
Last 4 digits of SSN	Date of Birth __/__/____	

Name		
Select Any Applicable Roles <input type="checkbox"/> Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Limited Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Owner <input type="checkbox"/> Manager		
Address of Principle Residence		
City	State	Zip
Last 4 digits of SSN	Date of Birth __/__/____	

Name		
Select Any Applicable Roles <input type="checkbox"/> Officer <input type="checkbox"/> General Partner <input type="checkbox"/> Director <input type="checkbox"/> Limited Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Owner <input type="checkbox"/> Manager		
Address of Principle Residence		
City	State	Zip
Last 4 digits of SSN	Date of Birth __/__/____	

## Section VII. Sales Information

Description of the Items Offered for Sale

Is a sales script is used when salespersons are soliciting prospective purchasers?

Yes  No If a sales script is used, it must be included in this application.

The following information must be attached to this application:

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Scripts      | <input type="checkbox"/> Sample Introductions | <input type="checkbox"/> How To Conduct Sales Information                            |
| <input type="checkbox"/> Outlines     | <input type="checkbox"/> Sample Closings      | <input type="checkbox"/> Contest/Premium Award Information For Salespersons          |
| <input type="checkbox"/> Instructions | <input type="checkbox"/> Product Information  | <input type="checkbox"/> Any Written Materials Sent to Prospective/Actual Purchasers |

If the telephonic seller represents or implies, or directs salespersons to represent or imply, to purchasers that the purchaser will receive certain specific items, including a certificate of any type which the purchaser must redeem to obtain the item described in the certificate, or one or more items from among designate items, whether the items are denominated as gifts, premiums, bonuses, prizes, awards, or otherwise, provide the following:

- A list of the items offered
- The value or worth of each item described to prospective purchasers and the basis for the valuation
- The price paid by the telephonic seller to its supplier for each of these items and the name, address, and telephone number of each item's supplier
- If the purchaser is to receive fewer than all of the items described by the seller, the filing shall include (i) the manner in which the telephonic seller decides which item or items a particular prospective purchaser is to receive, (ii) the odds a single prospective purchaser has of receiving each described item, (iii) the name and address of each recipient who has, during the preceding twelve (12) months, or if the seller has not been in business that long, during the period the telephonic seller has been in business, received the item having the greatest value and the item with the smallest odds of being received
- All rules, regulations, terms, and conditions a prospective purchaser must meet in order to receive the item.

**VERIFICATIONS**

Each principal of the seller must execute a separate verification. Please include as many of the Declarations pages as is necessary to include all principals.

**I swear and/or affirm, under penalty of law, that the foregoing representations are true and accurate.**

\_\_\_\_\_   
Date

\_\_\_\_\_   
Name of Telephonic Seller

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

\_\_\_\_\_   
Printed Name Title

**NOTARY**

STATE OF \_\_\_\_\_ )   
 ) SS.   
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to, before me, a Notary Public in, and for, said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires:

\_\_\_\_/\_\_\_\_/\_\_\_\_

County of Residence   
\_\_\_\_\_

STAMP or SEAL:

\_\_\_\_\_   
Signature of Notary Public

\_\_\_\_\_   
Printed Name