



Telemarketer Application Form

Application is hereby made to obtain access to the No-Call Missouri list. Please complete and mail this form to:
Missouri Attorney General's Office • No-Call Missouri • 815 Olive Street, Suite 200 • St. Louis, MO 63101

Organization

NAME OF ORGANIZATION _____

NAME OF AFFILIATES OR SUBSIDIARY COMPANIES ASSOCIATED WITH YOUR COMPANY _____ THEIR PHONE NUMBER
() -
_____ () -
_____ () -

BILLING INFORMATION

ADDRESS _____
Street City State Zip

E-MAIL _____

PHONE () - FAX () -

DELIVERY INFORMATION

AN E-MAIL WILL BE SENT TO THE ADDRESS BELOW WITH ACCESS TO THE NO-CALL MISSOURI LIST.

E-MAIL _____

Registered Agent

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS _____

ADDRESS _____
Street City State Zip

E-MAIL _____

PHONE () - FAX () -

LIST ANY TRADE, ASSUMED OR FICTITIOUS NAME USED BY THE APPLICANT _____ PHONE NUMBER USED
() -

Fee

Sign and mail this application and a check or money order for **\$50 for each area code per quarter** or **\$300 for all six area codes per quarter** to: Missouri AG Office • No-Call Missouri • 815 Olive Street, Suite 200 • St. Louis, MO 63101

PAYMENT ENCLOSED FOR (Check time periods and area codes) YEAR OR QUARTER 1 QUARTER 2 QUARTER 3 QUARTER 4

ALL AREA CODES OR 314/557 417 573 636 660 816/975

If correct payment is not sent, application will be returned.

Confidentiality Agreement

I/We will comply with sections 407.1095-407.1113 RSMO and any rules promulgated thereunder, including but not limited to the use of this list for the sole purpose of complying with this law.

I/We will notify Missouri No-Call Register within 30 days of any material change relative to this application or information contained therein. **Having been duly sworn, and under the penalties of perjury, I hereby certify that the representations in this application and all attachments are true and correct to the best of my knowledge and belief.**

NAME OF COMPANY _____ DATE MM / DD / YYYY / 20

SIGNATURE _____ TITLE _____
Authorized Representative