



DEPARTMENT OF BANKING AND CONSUMER FINANCE

Post Office Box 12129
Jackson, Mississippi 39236-2129

CREDIT AVAILABILTY CONTACT LIST

Please furnish the following information as to the persons to contact regarding certain operations of your company. **This information should be kept current at all times, and in the event of a change, please notify this Department.**

1) **OWNER:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

2) **LICENSING:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

3) **EXAMINATION REPORTS:**
Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

4) **REGIONAL SUPERVISOR of licensed office(s):**
Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

5) **REGULATIONS and/or GUIDELINES:**
Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

6) **COMPLAINTS:** Name _____ Telephone (____) _____
Mailing Address _____ FAX (____) _____
City _____ State _____ Zip _____ E-Mail _____

Signature

Name (please print)

Title

Company Name