



State of Mississippi
Department of Banking and Consumer Finance
P.O. Box 23729
Jackson, MS 39225-3729
Phone: (601) 359-1031 Fax: (601) 359-3557

Information Request for Motor Vehicle Sales Finance Applicant

Name and Address of Company (Applicant) :

The above named company has made application to conduct business in Mississippi. The applicant has stated that they are currently licensed and regulated by you. Please respond to the following questions and return the completed form to the address stated below.

In order to assist us, please provide the following information:

Is the above reference company licensed by your agency: Yes No

What type of license does the above company currently hold?

Date of Original Registration/License _____

Registration/License Number: _____

Have you received any consumer complaints or found it necessary to issue enforcement actions against this company?

Any additional comments:

I certify that the information is true and correct according to the official records of this State.

Date: _____ State: _____ Agency Name: _____

Name and Title of person completing form: _____

Telephone Number: _____ Signature: _____

Please complete and return to: Mississippi Department of Banking and Consumer Finance
Consumer Finance Division
P.O. Box 23729
Jackson, MS 39225-3729