



**DEPARTMENT OF BANKING AND CONSUMER FINANCE**

Post Office Box 12129  
Jackson, MS 39236-2129

**DEBT MANAGEMENT SERVICES 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) **EXAMINER SUMMARY SHEETS** are to be mailed to the following person:  
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**