STATE OF MAINE

BUREAU OF CONSUMER CREDIT PROTECTION

### 35 STATE HOUSE STATION

### AUGUSTA, ME 04333-0035

TELEPHONE: (207) 624-8527 FAX: (207) 582-7699

## MAINE CONSUMER CREDIT CODE

**NOTIFICATION APPLICATION**

SALES FINANCE COMPANY

#### FOR OFFICE USE ONLY

DATE NOTIFICATION REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT FEE REC’D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH [ ] CHECK [ ] CREDIT CARD [ ]

CHECK NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE ENTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASH NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with the provisions of the Maine Consumer Credit Code, this notification is hereby filed with the Superintendent of the Bureau of Consumer Credit Protection.

1. **BUSINESS NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **CITY/TOWN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **STATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **ZIP:** \_\_\_\_\_\_\_\_\_\_\_
4. **D/B/A:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FEIN/SS#:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. **TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. **NUMBER OF ADDITIONAL LOCATIONS THAT EXTEND CREDIT TO MAINE CONSUMERS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ADDRESSES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use separate sheet if necessary)

1. **A. LOCATION OF RECORDS OF CREDIT TRANSACTIONS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. CONTACT PERSON:** Include the name, title, mailing address, telephone number and email address of the person to contact for the scheduling of our compliance examination: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **BUSINESS STRUCTURE:**

[ ] PROPRIETORSHIP [ ] PARTNERSHIP [ ] CORPORATION

**A. NAMES AND ADDRESSES OF PROPRIETOR, PARTNERS, OR CORPORATE OFFICERS, AS APPROPRIATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Use separate sheet if necessary)

1. **TYPE OF BUSINESS**

Sales Finance Company (business description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **NAME AND ADDRESS OF PERSON, LOCATED IN MAINE, TO WHOM WE MAY SEND LEGAL NOTICES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***\*\*FOR STATISTICAL PURPOSES ONLY \*\** IN ACCORDANCE WITH SECTION 6-104(1)(D) OF THE MAINE CONSUMER CREDIT CODE, THE OFFICE REQUIRES DISCLOSURE OF THE FOLLOWING INFORMATION, WHICH WILL BE DE-IDENTIFIED AND USED FOR STATISTICAL PURPOSES ONLY.**

NUMBER OF MAINE REPOSSESSIONS DURING the last calendar year – (Motor Vehicles, Boats, Snowmobiles, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. LIST SALES FINANCE COMPANIES, BANKS OR OTHERS TO WHICH

CONSUMER CREDIT TRANSACTIONS WHERE YOU ACCEPTED ASSIGNMENTS (e.g. ACME FORD, SMITH’S BUICK, JONES TOYOTA) DURING THE PAST CALENDAR YEAR AND THE DOLLAR AMOUNTS ACCEPTED:

##### NAME ADDRESS VOLUME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_

1. **ORIGINAL UNPAID BALANCES OF ALL CONSUMER CREDIT TRANSACTIONS ENTERED INTO IN MAINE DURING THE PAST CALENDAR YEAR. INCLUDE, UNDER #12(B), ALL AMOUNTS ASSIGNED TO FIRMS LISTED IN #11 ABOVE UNLESS THOSE FIRMS HAVE ALREADY PAID THE VOLUME FEE. IF THEY PAID THE VOLUME FEE, LEAVE #12(B) BLANK.** (If uncertain, contact your assignee.)
2. **ACCEPTED DEALER CREDIT**

(From #11 – if applicable): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **FEES DUE:**
2. VOLUME FEE (See Schedule Below) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. ANNUAL NOTIFICATION FEE (Main Office) $ \_\_\_\_\_\_\_\_\_\_\_**20.00**\_\_\_\_\_\_\_\_\_\_
4. BRANCH FEE ($10 Each Additional Location) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. TOTAL FEES DUE (Sum of A, B & C) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the statements in the foregoing report are true and correct to the best of my knowledge and belief.

Dated at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name Typed or Printed Legibly

Signature Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN WITH PROPER FEES TO:**

|  |  |
| --- | --- |
| **Via USPS**:  Bureau of Consumer Credit Protection  #35 State House Station  Augusta, ME 04333-0035 | **Via Private Delivery (Express/Overnight)**: Bureau of Consumer Credit Protection  76 Northern Ave.  Gardiner, ME 04345 |

ALL CHECKS MUST BE MADE PAYABLE TO “TREASURER, STATE OF MAINE”

Maine law (5 M.R.S.A. §130) requires assessment of $20 for any check returned for insufficient funds.

##### NOTICE REGARDING PUBLIC INFORMATION

This application is a public record for purposes of Maine’s Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State’s website.

**SCHEDULE OF FEES**

**USE TOTAL VOLUME FROM LINE 13**

**VOLUME AMOUNT FEE VOLUME AMOUNT FEE**

$ 1 TO $100,000 - - - - - - - - - - - $ 25 $500,001 TO $600,000 - - - - - - - - - - - $150

$100,001 TO $200,000 - - - - - - - - - - - $ 50 $600,001 TO $700,000 - - - - - - - - - - - $175

$200,001 TO $300,000 - - - - - - - - - - - $ 75 $700,001 TO $800,000 - - - - - - - - - - - $200

$300,001 TO $400,000 - - - - - - - - - - - $100 $800,001 TO $900,000 - - - - - - - - - - - $225

$400,001 TO $500,000 - - - - - - - - - - - $125 $900,001 TO $1,000,000 - - - - - - - - - -$250\*

\*If your volume was in excess of $1,000,000 you can readily calculate the fee by extending the schedule.