

ADAM H. PUTNAM COMMISSIONER

Florida Department of Agriculture and Consumer Services **Division of Consumer Services**

TELEMARKETING CLAIM AFFIDAVIT

Sections 501.601 – 501.626, Florida Statutes Rule 5J-6.015(2), Florida Administrative Code

Claim Number:	
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Please Return Completed Form to:

FDACS Division of Consumer Services Mediation & Enforcement

2005 Apalachee Parkway Tallahassee, FL 32399-6500

www.800helpfla.com 1-800-HELP-FLA (435-7352) FL Only (850) 410-3800 Calling Outside Florida Fax (850) 410-3804

PLEASE READ CAREFULLY AND PROVIDE **ALL** OF THE FOLLOWING INFORMATION (TYPE OR PRINT LEGIBLY) FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY MAY RESULT IN THE DENIAL OF YOUR CLAIM

Telemarketer Information	Your Name and Mailing Information
Name of Business	Name
Address	Address (please check the box above if new address)
City, State, and Zip Code	City, State, and Zip Code
Phone Number (Including Area Code)	Phone Number (Including Area Code)
Doc	cuments
Please provide <u>copies</u> of documents listed below that will supp Proof of payment – Cancelled check (both sides), cre	
Contract Date Contract signed:	Month Day Year
Claim	Information
Please provide answers for the following questions or stavalidity of your claim.	tements. This information is necessary to determine the
I paid \$ to the business.	
I signed a contract with the business.	
I received the services/products as stated per this contract.	☐ Yes ☐ No
The contract I have provided is a complete copy of my contract	t with the business. Yes No
Did you contact the business requesting a refund?	□ No

our claim is concerning timeshare advertising please a	answer the questions	below.	
our timeshare was not sold within 90 days of signing the co	ntract, did you notify the	e business to continue advertising	g?
Yes No			
Yes ☐ No re any offers made to you for your timeshare interest?	☐ Yes ☐ No		
Yes No		ain.	
Yes ☐ No re any offers made to you for your timeshare interest?	lo If no, please expl	ain. Date:	
Yes	lo If no, please expl		
Yes	lo If no, please expl		
Yes	lo If no, please expl		
Yes	lo If no, please expl	Date:	
Yes	lo If no, please expl	Date:	_,
Yes	lo If no, please expl	Date:	
Yes	day of, w	Date:, 20, 20, ho answered the above questions	S.
Yes	day of, w	Date:, 20, 20, ho answered the above questions	S.
Yes	day of, w	Date:, 20, 20, ho answered the above questions	S.

Date

Notary Public Name (Please Print)