State of Arkansas
Department of Finance And Administration

DFA - ARKANSAS TOBACCO CONTROL
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Little Rock, AR 72201
Phone: (501) 682-9756
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https://www.atc.arkansas.gov

Arkansas Tobacco Control
Insufficient Fund Notification Form

This form to be used by a Wholesaler or Manufacturer to place or remove a retail location on the Insufficient Fund List.

----------Wholesaler / Manufacturer Information----------

Business Name: _____ Permit No. _____
Contact Person Name: _____ Phone #: _____
Contact Email: _____
Business Address: _____
State: _____City: _____ Zip Code: _____

----------Retailer Information----------

Business Name: _____ Permit #. _____
Person Responsible: _____ Phone #: _____
Business Address: _____
State: _____City: _____ Zip Code: _____

----------Insufficient Fund Information----------

Invoice Date: _____ Invoice Number: _____

Invoice Due Date: _____ Invoice Amount:_____

Date Invoice was considered Past Due or Insufficient Funds were reported: _____

Amount of Insufficient Funds: $ _____

☐ Please **ADD** the above retailer to the Insufficient Fund List

☐ Please **REMOVE** the above retailer from the Insufficient Fund List. The Invoice was paid on the following date: _____

Print: _____ **Signature:** _____
(Wholesale / Manufacturer Representative) **(Wholesale / Manufacturer Representative)**

Please email form to: SHAREE.FELTS@DFA.ARKANSAS.GOV

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