



Debt Management Services Program
500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-1831 • Fax: 615-253-1692
<http://www.tn.gov/commerce/regboards>

Consent to Service of Process

An applicant or registrant shall consent to jurisdiction of the State of Tennessee and the venue in Davidson County, Tennessee.

State or Province of _____ County of _____

The undersigned _____, (a corporation), (a partnership) organized under the laws of _____ or (an individual) [strike out inapplicable nomenclature] personally appeared, for purposes of complying with the laws of the State of Tennessee relating to the provision of Debt Management Services, irrevocably appoints the Commissioner of Commerce and Insurance, so designated hereunder and his/her successors, its attorney in the State of Tennessee; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State of Tennessee by service of process upon the Commissioner of Commerce and Insurance as if the undersigned was organized or created under the laws of the State of Tennessee and have been served lawfully with process in the State of Tennessee.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

Name: _____

Mailing Address _____

City

State

Zip Code

Affiant Signature _____ Affiant Printed Name _____

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public

My Commission Expires: _____



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CORPORATE ACKNOWLEDGEMENT

State or Province of _____
County of _____

On this _____ day of _____, _____, before me
_____ the undersigned _____ officer, personally
appeared _____ known personally to
me to be the _____ (title) of the above named corporation and
acknowledged that he/she, as an officer being authorized so to do, executed the foregoing
instrument for the purposes therein contained, by signing the name of the corporation by himself
as an officer.

Affiant Signature _____ Affiant Printed Name _____

IN WITNESS WHEREOF I have hereunto set my hand and official Seal

Notary Public
My Commission Expires: _____

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____
County of _____

On this _____ day of _____, _____, before me
_____ the undersigned _____ officer, personally
appeared _____ to me personally known and
known to me to be the same person(s) whose name(s) is (are) signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

Affiant Signature _____ Affiant Printed Name _____

IN WITNESS WHEREOF I have hereunto set my hand and official Seal

Notary Public
My Commission Expires: _____