



State of Arkansas
 Department of Finance
 And Administration

DFA - ARKANSAS TOBACCO CONTROL

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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: \$ _____	
<input type="checkbox"/> Please ADD the above retailer to the Insufficient Fund List	
<input type="checkbox"/> 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: ATC.InsufficientFundsList@groups.arkansas.gov