



# Division of Licensing Services

New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Customer Service: (518) 474-4429  
www.dos.ny.gov

## Irrevocable Letter of Credit (Telemarketer)

ISSUING BANK: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (     ) \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

LETTER OF CREDIT NO. \_\_\_\_\_

AMOUNT: U.S.D. \$25,000.00

BENEFICIARY:

People of the State of New York  
Department of State  
P.O. Box 22001  
Albany, New York 12201-2201

RE: IRREVOCABLE LETTER OF CREDIT for

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Sir/Madam:

We hereby establish our Irrevocable Letter of Credit in your favor, for the account indicated above, for a sum or sums not exceeding in all U.S. Dollars \$25,000.00, available by your draft(s) at sight, drawn on Letter of Credit

Number \_\_\_\_\_.

The effective date of this Letter of Credit shall be 12:01 a.m. local time on \_\_\_\_\_.

This Letter of Credit cannot be cancelled without the express written consent of the Secretary of State of the State of New York.

This Letter of Credit is issued on behalf of \_\_\_\_\_ and shall be payable in favor of the People of the State of New York for the benefit of any customer injured as a result of violation of Section 399-pp of the General Business Law of the State of New York, pursuant to a determination of any court competent jurisdiction pursuant to Section 399-pp of the General Business Law of the State of New York, or Article 10-b of the Personal Property Law of the State of New York.

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## Irrevocable Letter of Credit (Telemarketer)

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We hereby agree with you that drafts drawn under and in accordance with the terms of this Letter of Credit will be duly honored if presented to the following office within the State of New York:

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Further, we hereby certify and warrant that we are a New York State or federally chartered bank, trust company, savings bank or savings and loan association, that we are qualified to do business in the State of New York, and that we are insured by the Federal Deposit Insurance Corporation or the Federal Savings and Loan Insurance Corporation.

Sincerely,

Bank Name: \_\_\_\_\_

By: \_\_\_\_\_  
*(Authorized Signature)*

Name: \_\_\_\_\_

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