

Jan. 3. 2014 12:21PM

No. 2672 P. 1



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 Illinois Attorney General  
 Consumer Fraud Bureau  
 100 West Randolph Street, 12<sup>th</sup> Floor  
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 1-800-386-5438 (Toll free in IL)  
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[www.IllinoisAttorneyGeneral.gov](http://www.IllinoisAttorneyGeneral.gov)

Office Use Only

CLMS: \_\_\_\_\_

AG: \_\_\_\_\_

**PERSONAL INFORMATION**

Name: Mr. (Mrs., Ms. (circle one))				Name: <u>NICOL ADVANCED ENERGY</u>			
Address:				Address: <u>REMITTANCE PROCESSING</u> <u>P.O. BOX 30293</u>			
City:	State:	Zip code:	County:	City:	State:	Zip code:	
<u>CHICAGO</u>	<u>IL</u>	<u>60643</u>	<u>COOK</u>	<u>LANSING</u>	<u>MI</u>	<u>48909-7593</u>	
Your Telephone Number:				Telephone: <u>866 799-2674</u>			
Daytime				Website:			
Evening ( <u>SAME NUMBER</u> )				Additional seller or provider of service involved in transaction:			
Your e-mail address (optional):				Name:			
Are you a senior citizen? <input checked="" type="radio"/> Yes <input type="radio"/> No				Address:			
Are you a veteran? <input type="radio"/> Yes <input type="radio"/> No				City:			
Are you a service member? <input type="radio"/> Yes <input type="radio"/> No				State:			
				Zip code:			
				Telephone ( )			
				Website:			

Has this matter been submitted to another government agency, an arbitration service, or to an attorney? Yes  No

If yes, please give name, address, telephone number #. \_\_\_\_\_

Is court action pending? Yes  No

**INFORMATION ABOUT THE TRANSACTION**

Date of Transaction: <u>SEPTEMBER</u>	Did you sign a contract? Yes <input type="radio"/> No <input checked="" type="radio"/> (If yes, please attach a copy) <u>TALK ON PHONE</u>	Date contract was signed:
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Was the product or service advertised? Yes  No  When? \_\_\_\_\_ (Please attach a copy of the advertisement, if available)

<p>How was the service advertised?</p> <p><input type="checkbox"/> Newspaper/magazine</p> <p><input type="checkbox"/> Radio advertisement</p> <p><input type="checkbox"/> Television advertisement</p> <p><input type="checkbox"/> Internet advertisement</p> <p><input type="checkbox"/> E-mail solicitation</p> <p><input type="checkbox"/> Direct mail solicitation</p> <p><input checked="" type="checkbox"/> Telephone solicitation</p> <p><input type="checkbox"/> Yellow pages of the telephone book</p> <p><input type="checkbox"/> Facsimile solicitation</p> <p><input type="checkbox"/> Door-to-door solicitation</p> <p><input type="checkbox"/> Display at merchant's place of business</p> <p><input type="checkbox"/> Display at a trade show/convention, etc.</p> <p><input type="checkbox"/> Other _____</p>	<p>Total Cost of product/service: \$ <u>0</u></p> <p>Amount paid to date/down payment: \$ <u>0</u></p> <p>Method of payment (circle one) (Please attach a copy)</p> <p>Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Bank Draft <input type="checkbox"/></p> <p>Wire Transfer <input type="checkbox"/> Automatic Debit <input type="checkbox"/> Other _____</p> <p>If you paid with a credit card, have you contacted your credit card company to register a dispute? Yes <input type="radio"/> No <input type="radio"/></p> <p>(Under the Federal Fair Credit Billing Act, you have 60 days from the time that you receive your statement to dispute the charge.)</p>
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Where did the transaction take place?

At my home

Over the telephone

By mail

Over the Internet

Trade show/convention/home show

At the firm's place of business

By facsimile

Other (please specify) \_\_\_\_\_

There was no transaction

Have you complained to the company or individual?

Yes  No

If yes, provide name and phone number of the individual(s):

Angel - LANCE

E/FYN

**FOR COMPLAINTS REGARDING MOTOR VEHICLES, PLEASE COMPLETE THIS BOX:**

Make:	Model:	Year:	New: Yes No	As-Is: Yes No
Warranty: Yes No	Name of Extended Warranty:	Purchase Date:	Current Mileage:	Mileage at Purchase:
Expiration Date:				

Briefly describe the transaction and your complaint. You may use additional sheets if necessary. Please attach copies of all contracts, letters, receipts, cancelled checks (front and back), advertisements, or any other documents that relate to your complaint. **PLEASE DO NOT SEND ORIGINALS.**

WAS TOLD THE BILL WOULD BE VERY LOW

THEY ARE RIGHTER MUCH SAID IT WAS NICON

IT NOT IT IS NICON ADVANCED ENERGY

NEVER HEARD OF THIS CO. THEY CHARGING ME \$5000 TO 90 BACK

What form of relief are you seeking? (E.g. exchange, repair, money back, product delivery, etc.)

**READ THE FOLLOWING BEFORE SIGNING BELOW:**

- In filing this complaint, I understand that the Attorney General is not my private attorney, but rather enforces laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against, unless the box below is checked.
- By filing this complaint, I hereby give the business complained about my consent to communicate, including disclosure of non-public personal information, with the Office of the Attorney General about any and all matters concerned with this complaint.

Signature: \_\_\_\_\_ Date: 1-9-14

Please do not send this complaint to the business complained about.

Please return the completed form to the address at the top of this complaint form.  
Incomplete forms may be returned