STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS

OFFICE LOCATION
SUPPLEMENTAL FORM B

S.C. Code Ann. § 37-7-101 through - 122.
www.scconsumer.gov

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

Street Address
2221 Devine Street
Columbia, SC 29205-2418

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information must be provided for each location listed under Question # 7 on the Credit Counseling Organization License Application. Complete the form in its entirety. Incomplete information may delay or deny of your application.

1. Company Name: _____

2. Contact Person: _____
(Last) (First) (Middle)

3. Company's Principal Address: _____
(Street Address)

_____
(City) (State) (Zip Code)

4. Location Manager/ Supervisor: _____
(Last) (First) (Middle)

5. Location Address: _____
(Street Address)

_____
(City) (State) (Zip Code) (County)

6. Telephone Number: ___-___-_____ 7. Fax Number: ___-___-_____

8. Website Address: _____ 9. E-Mail Address: _____

10. **EMPLOYEE INFORMATION**: List all employees engaged in credit counseling services (credit counselors) by name, for this location. (Attach additional page(s) as necessary). Each employee listed must complete a **Credit Counselor Application**.

Employees (List Alphabetically)	Title or Position	Date of Employment
(1)		
(2)		

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by and for the entity for which s/he signs.

_____
Signature of Member, Owner, Partner, Officer or Director

_____
Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

_____
Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.