

**PHYSICAL FITNESS SERVICES
IRREVOCABLE DOCUMENTARY LETTER OF CREDIT
MODEL FORM**

(Bank Name and Address on Bank Letterhead)

Applicant:	(Applicant Name) (Applicant Address)
Beneficiary:	South Carolina Department of Consumer Affairs 2221 Devine Street, Suite 200 P.O. Box 5757 Columbia, SC 29250
Letter of Credit No.	_____
Expiration Date:	_____

Dear Sir:

We hereby issue this documentary letter of credit in your favor which is available against beneficiary's draft at sight drawn on _____ (bank name) _____, bearing the clause "drawn under documentary letter of credit number _____ accompanied by the following documents:

1. Beneficiary's signed statement addressed to the applicant, stating: _____ (applicant's name) has failed to comply with the S.C. Physical Fitness Services Act, S.C. Code § 44-79-10 et seq. (LAW CO-OP 1986) or has failed to provide contracted for physical fitness services to customers as determined by the Administrator after notice and opportunity for hearing. We are therefore entitled to the sum of \$ _____ drawn under letter of credit number _____, Or
2. Beneficiary's signed statement addressed to the applicants stating that _____ (applicant's name) has not replaced this letter of credit number _____ with another letter of credit or other evidence of financial responsibility acceptable to the Administrator within 45 days of the expiration date of the credit, and we are therefore entitled to the sum of \$ _____ drawn under letter of credit number _____."

(Signature of authorized bank officer)
(Title)