

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

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

INITIAL CONSUMER CREDIT GRANTOR NOTIFICATION FOR RENT-TO-OWN BUSINESSES

S.C. Code Ann. §§ 37-6-201, -203, -204 & Reg. 28-8, 28-40 (803) 734-4238 | <u>www.consumer.sc.gov</u> | (803) 734-4200



Street Address 2221 Devine St., Ste. 200 Columbia, SC 29205-2418

Application can be filed online. Visit <u>www.consumer.sc.gov</u> and click on "online licensing."

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary. For more information, refer to the Registered Creditors Filing Instructions and Flowchart on our website (click "Business/Industry Information" then "Registered Creditors").

Application is not complete without the filing fees. Make checks payable to S.C. Department of Consumer Affairs.

| GENERAL INFORMATION | | | | |
|---|---|--|--|--|
| Business Name (Headquarters/Main) | | | | |
| DBA | | | | |
| | cations and include the following information for each bra ; and contact person. If you conduct transactions through (website address is the location/DBA nam | a website, the website must be filed as a location | | |
| | Corporation Limited Liability Com | pany Fed Tax ID No. | | |
| Type of Business (check one and provide | Limited Partnership Limited Liability Partn | | | |
| FTIN or SSN in box to right) | Are you in good standing with the Secretary of State | e's Office? Yes No | | |
| | General Partnership Sole Proprietorship | - SSN | | |
| Physical Address | | 2 | | |
| Cit | y State | Zip | | |
| Mailing Address | | | | |
| (If different from above) Cit | y State | Zip | | |
| Website Address | | | | |
| Designated/Registered Agent* | | | | |
| Mailing Address | | | | |
| Cit | y State | Zip | | |
| *The designated/reg | gistered agent is the person designated to receive any leg | gal documents served on your business. | | |
| Contact Person** | T | elephone No. () - | | |
| E-mail Address | F | ax No. () - | | |
| **The contac | t person is the person the Department will call with any | questions about the application. | | |
| nitial Consumer Credit Grantor Notification | | | | |

| | QUESTIONS | | | | |
|------|--|---------|-------|--|--|
| 1. | Is this your first time filing a Consumer Credit Grantor Notification form? If "Yes," list the date your business opened: | Yes | 🗌 No | | |
| 2. | Do you engage solely in rental-purchase (rent-to-own) transactions in South Carolina? If "No," complete the Consumer Credit Grantor Notification form. | TYes | 🗌 No | | |
| 3. | Will your annual gross volume of business exceed \$150,000 in cash and credit combined? (Gross volume/sales is the amount reported to the Internal Revenue Service). | Tes Yes | 🗌 No | | |
| 4. | Do you use written agreements to extend consumer credit in South Carolina? (Written agreements include but are not limited to installment contracts, promissory notes and written billing statements with credit terms for open accounts.) | TYes | 🗌 No | | |
| 5. | How do you maintain records in your accounting system? | | | | |
| 6. | All rental-purchase (rent-to-own) businesses must file and pay a notification fee of \$120.00 per location. Number of locations in South Carolina: | | | | |
| 7. | Multiply the number of locations determined in question 6 by \$120.00 . YOUR FILING FEE IS | S: \$ | | | |
| 8. | 8. What is the annual gross volume of business in cash and credit combined (dollar amount reported to the Internal Revenue Service on your most recent tax return)? <i>This is proprietary information that will not be released under FOIA.</i> | | | | |
| 9. | Are consumer credit transactions (sales, loans, leases, rent-to-own) made other than at an office or retail store? If "Yes," how? Mail Internet Other: | Yes | No No | | |
| s/he | undersigned warrants that his or her signature is duly authorized and delivered by and for the besigns. The undersigned swears or affirms and certifies that all information contained in this for chments to this form is true, accurate, and complete. | | hich | | |
| Sigr | nature Title | | | | |
| Prin | t Name Date | | | | |

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.