

STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



RENEWAL CONSUMER CREDIT GRANTOR NOTIFICATION

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

S.C. Code Ann. §§ 37-6-201, -202, -203 & Reg. 28-8, 28-30 (803) 734-4238 | www.consumer.sc.gov | (803) 734-4200

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

Application can be filed online. Visit www.consumer.sc.gov 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		BOFI#						
Attach a list of all branch locations and include the following information for each branch: location/DBA name; physical address (and mailing address if different); contact person; and Board of Financial Institutions License No., if applicable. If you conduct transactions through a website, the website must be filed as a location (website address is the location/DBA name).								
Type of Business (check one and provide	□ Corporation □ Limited Liability Company □ Limited Partnership □ Limited Liability Partnership	Fed Tax ID No. (last 4)						
FTIN or SSN in box to right)	Are you in good standing with the Secretary of State's Office?	☐ Yes ☐ No						
	General Partnership Sole Proprietorship	SSN (last 4)						
Physical Address								
City	State	Zip						
Mailing Address (If different from above) City	State	Zip						
Website Address								
Designated/Registered Agent* Mailing Address								
City	State	Zip						
*The designated/regis	tered agent is the person designated to receive any legal documents se	rved on your business.						
Contact Person**	Telephone No.	() -						
E-mail Address	Fax No.	() -						
**The contact ;	person is the person the Department will call with any questions about	the application.						

1.	QUESTIONS Do you engage solely in rental-purchase (rent-to-own) transactions in South Carolina? If "Yes," complete the Consumer Credit Grantor Notification for rent-to-own businesses only.			Yes	☐ No		
2.	Did your annual gross volume of (Gross volume/sales is the amou	Yes	☐ No				
3.	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.)						
4.	All credit grantors who answered NO to either question 2 or 3 proceed to question 11.						
5.	If your answers to BOTH questions 2 and 3 are YES, enter the number of all S.C. addresses where consumer credit transactions are made or assignment of same are accepted. If you have no South Carolina address enter 1 for number of locations.						
6.	Multiply the number of locations	-	120.00 R FILING FEE IS: \$_				
7.	Check the ways in which consur	mer transactions are made:					
	Consumer Credit Sales	Consumer Leases	Credit and Charge Card	S			
	Rent-to-Own	Consumer Loans	Revolving Credit				
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.	What is the total number of consumer credit transactions (sales, loans, leases, rent-to-own) with SC consumers during the previous 12 months? <i>This is proprietary information that will not be released under FOIA.</i>						
10.	Are consumer credit transactions office or retail store? If "Yes," how?		,	Yes	□ No		
11.	If you sell or assign consumer credit contracts to a finance company, bank, or other assignee, please list the name and address of each assignee.						
12.	If you accept assignment of (purchase) consumer credit or rental-purchase contracts from a credit grantor, attach a list of those businesses from whom you purchased contracts.						
13.	Do you charge an Annual Percer If "Yes," please als	ntage Rate of more than 18%? so complete a Maximum Rate So	chedule form.	Yes	☐ No		
s/he	undersigned warrants that his or his signs. The undersigned swears or himents to this form is true, accura	affirms and certifies that all in			hich		
Signa	ature		Title				
Print	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.