



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

Mailing Address

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

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

Street Address

293 Greystone Blvd., Ste. 400
Columbia, SC 29210-8004

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

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); and contact person. 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
FTIN or SSN in box to
right)

- Corporation Limited Liability Company
 Limited Partnership Limited Liability Partnership

} Fed Tax ID No. (last 4)

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/registered agent is the person designated to receive any legal documents served 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.*

QUESTIONS

1. Is this your first time filing a Consumer Credit Grantor Notification form? Yes No
If "Yes," list the date your business opened: _____
2. Do you engage solely in rental-purchase (rent-to-own) transactions in South Carolina? Yes No
If "No," complete the Consumer Credit Grantor Notification form.
3. Will your annual gross volume of business exceed \$150,000 in cash and credit combined? Yes No
(Gross volume/sales is the amount reported to the Internal Revenue Service).
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.) Yes No
5. How do you maintain records in your accounting system?
 Paper Electronically
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: \$ _____
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)? *This is proprietary information that will not be released under FOIA.* \$ _____
9. What is the total number of consumer credit transactions (sales, loans, leases, rent-to-own) with SC consumers during the previous 12 months? *This is proprietary information that will not be released under FOIA.* _____
10. Are consumer credit transactions (sales, loans, leases, rent-to-own) made other than at an office or retail store? Yes No
If "Yes," how? Mail Internet Other: _____

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ 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.