

## STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

## CREDIT COUNSELING ORGANIZATION SUPPLEMENTAL FORM B OFFICE LOCATION

S.C. Code Ann. §§ 37-7-101 through - 122 (803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address 293 Greystone Boulevard, Ste. 400 Columbia, SC 29210-8004

**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. The following form must be provided on a separate form for **EACH** location listed in the "Locations" section of the Credit Counseling Organization Initial Application.

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

		GENE	RAL IN	NFORMATION OF THE PROPERTY OF	ON				
Business Name (Headquarters/Main)									
DBA									
Contact Person*					Title				
Location Manager/Sug	pervisor								
Physical Address									
	City				State		Zip		
Mailing Address									
(If different from above)	City				State		Zip		
E-mail Address					Phone No.	(	)	-	
Website Address					Fax No.	(	)	-	
	*The con	ntact person is the person the	Departmen	t will call with ar	y questions abo	ut the a	application.		
		ON. List all employees of							me, for this
location. Attach additional pages as necessary. Each emp EMPLOYEE NAME (List Alphabetically)			ipioyee ii	TITLE/POSITION			DATE OF EMPLOYMENT		
,		,							
		or her signature is duly aut t all information contained i							
Signature				Tit	le				
Print Name				_ _	te				
The South Carolin	a Freed	om of Information Ac	et may r	equire the D	epartment t	o rele	ease a cop	y of your	filing as a

public record. Personal identifying information will be released only if required by law.