



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



INITIAL CREDIT CARD DISCLOSURE

Mailing Address

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

S.C. Code Ann. § 37-2-306 (credit sales); § 37-3-306 (loans)
(803) 734-4238 | www.consumer.sc.gov | (803) 734-4200

Street Address

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

INSTRUCTIONS: Every creditor making consumer credit sales pursuant to a seller credit card or similar arrangement (§ 37-1-301(26)) or making consumer loans pursuant to a lender credit card or similar arrangement (§ 37-1-301(16)) shall file with the Department the disclosures required for credit and charge card applications and solicitations by the Federal Truth In Lending Act and associated regulations. Please complete this form and provide the actual applications or solicitations used, which contain the disclosures required by Appendix G of Regulation Z.

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.

Application is not complete without the \$20.00 filing fee. Make checks payable to S.C. Department of Consumer Affairs.

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____

Type of Business (check one and provide FTIN or SSN in box to right)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company	}	Fed Tax ID No. _____
	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership		
Are you in good standing with the Secretary of State's Office?				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Sole Proprietorship	}	SSN _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address
(If different from above) _____

City _____ State _____ Zip _____

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.*

DISCLOSURES

- Indicate which types of card(s) you offer.

Credit Card (revolving; balance can carry over to next cycle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Charge Card (balance paid off each cycle)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hybrid Prepaid-Credit Card (credit offered in connection with a prepaid account)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. For each type of card(s) you offer, attach the actual applications or solicitations used, which contain the disclosures required by Appendix G of Regulation Z.
3. Do you charge an Annual Percentage Rate of more than 18% on the card(s) you offer? Yes No
If "Yes," please also complete a Maximum Rate Schedule form.
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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.