



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

**Mailing Address**P.O. Box 5757  
Columbia, SC 29250-5757**INITIAL MAXIMUM RATE SCHEDULE  
CONSUMER CREDIT SALES**S.C. Code Ann. §§ 37-2-201, -305 & Reg. 28-70  
(803) 734-4238 | [www.consumer.sc.gov](http://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](http://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)

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DBA

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**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
- General Partnership     Sole Proprietorship

Fed Tax ID No.

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Are you in good standing with the Secretary of State’s Office?

 Yes     NoSSN 

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Physical Address

City 

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 State 

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 Zip 

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Mailing Address

(If different from above)

City 

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 State 

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 Zip 

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Website Address

Designated/Registered Agent\*

Mailing Address

City 

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 State 

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 Zip 

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*\*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**

Category	Maximum Annual Percentage Rate (APR)	
	Fixed APR for Credit Sales	Variable APR for Credit Sales
1. Unsecured Credit Sales ( <i>no lien</i> ) 1a. _____	_____	_____
2. Secured Credit Sales, Non-Real Estate ( <i>lien</i> ) 2a. _____ 2b. _____ 2c. _____	_____ _____ _____	_____ _____ _____
3. Secured Credit Sales, Real Estate ( <i>lien on real estate</i> ) 3a. _____	_____	_____
4. Open-End (Revolving) Credit Sales ( <i>month to month</i> ) 4a. _____	_____	_____
5. All Other Credit Sales ( <i>doesn't fall into 1-4</i> ) 5a. _____	_____	_____

6. What is the nature or type of your business? \_\_\_\_\_

7. Enter the number of all S.C. addresses where credit sales are made or assignment of same are accepted. If you have no South Carolina address enter 1 for number of locations. \_\_\_\_\_

8. Multiply the number of locations determined in line 7 by **\$40.00**. YOUR FILING FEE IS: \$ \_\_\_\_\_

9. Is this your first time filing a Maximum Rate Schedule form?  Yes  No  
*If "Yes," what is the date your business opened \_\_\_\_\_ and have you charged above 18% APR since opening and prior to this filing?*  Yes  No

10. If a variable rate is applicable to one or more of the above categories, indicate the index for calculating changes in the rate and the cap on any increases or decreases in the rate below.

**VARIABLE APR ONLY**

Category	Cap	Explain the index for calculating rate changes
10a.		
10b.		
10c.		

11. Will your annual gross volume of business exceed \$150,000 this calendar year?  Yes  No  
 (Gross volume of business is the amount reported to the Internal Revenue Service)  
*If "Yes," complete the Consumer Credit Grantor Notification form.*

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.**