



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



INITIAL MAXIMUM RATE SCHEDULE CONSUMER CREDIT SALES

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

S.C. Code Ann. §§ 37-2-201, -305 & Reg. 28-70
(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)	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship	Fed Tax ID No. _____ Are you in good standing with the Secretary of State’s Office? <input type="checkbox"/> Yes <input type="checkbox"/> No SSN _____
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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

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.