



# STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



## RENEWAL MAXIMUM RATE SCHEDULE CONSUMER LOANS

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

S.C. Code Ann. §§ 37-3-201, -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) \_\_\_\_\_

DBA \_\_\_\_\_ BOFI# \_\_\_\_\_

**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); contact person; and Board of Financial Institutions License No., if applicable. 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	}	Fed Tax ID No. (last 4) _____
	<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"/> General Partnership	<input type="checkbox"/> 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**

**Category**

Give the dollar amount range for each category. Attach additional pages if needed.

<b>Maximum Annual Percentage Rate (APR)</b>	
<b>Fixed APR for Loans</b>	<b>Variable APR for Loans</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1. Unsecured Personal Loans (*no collateral*)  
1a. \_\_\_\_\_
2. Secured Personal Loans, Non-Real Estate (*collateral other than real estate*)  
2a. \_\_\_\_\_  
2b. \_\_\_\_\_  
2c. \_\_\_\_\_
3. Real Estate Mortgage Loans (*real estate is used as collateral*)  
3a. \_\_\_\_\_
4. Open-End (Revolving) Loans (*month to month up to limit*)  
4a. \_\_\_\_\_
5. All Other Consumer Loans (*doesn't fall into 1-4*)  
5a. \_\_\_\_\_

6. What is the nature or type of your business? \_\_\_\_\_
7. Enter the number of all S.C. addresses where consumer loans 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. What was the **highest** APR your business charged on consumer loans during the previous 12 months? (*this is proprietary information that will not be released under FOIA*) \_\_\_\_\_
10. What was the **most frequent** APR your business charged on consumer loans during the previous 12 months? (*this is proprietary information that will not be released under FOIA*) \_\_\_\_\_
11. 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**

<b>Category</b>	<b>Cap</b>	<b>Explain the index for calculating rate changes</b>
11a.		
11b.		
11c.		

12. Did 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).  
*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.**