



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

**OFFICE LOCATIONS
SUPPLEMENTAL FORM B**
S.C. Code Ann. § 37-7-101 through - 122.
www.sccoconsumer.gov
803-734-4236

Street Address
3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM
(An original, signed and notarized form is required)

The following information must be provided for each location listed under Question # 7 on the Credit Counseling Organization License Application. Complete the form in its entirety. Incomplete information could result in delay or denial of your application.

1. Company Name: _____
2. Contact Person: _____

(Last)
(First)
(Middle)
3. Company's Principal Address: _____

(Street Address)

(City)
(State)
(Zip Code)
4. Location Manager/ Supervisor: _____

(Last)
(First)
(Middle)
5. Location Address: _____

(Street Address)

(City)
(State)
(Zip Code)
(County)
6. Telephone Number: _____
7. Fax Number: _____
8. Website Address: _____
9. E-Mail Address: _____
10. **EMPLOYEE INFORMATION:** List all employees engaged in credit counseling services (credit counselors) by name, for this location. (Attach additional page(s) as necessary). Each employee listed must complete a **Credit Counselor Application**.

Employees (List Alphabetically)	Title or Position	Date of Employment
(1)		
(2)		

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. **I acknowledge that I have a duty and agree to update and correct this information as it changes.** The undersigned warrants that his or her signature below is duly authorized and delivered by for the entity for which s/he signs.

Signature of Member, Owner, Partner, Officer or Director

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20__

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.