



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS



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

S.C. Code Ann. § 56-28-10 *et seq.*
(803) 734-0047 | www.consumer.sc.gov | (803) 734-4200

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

Manufacturer's Name _____

Physical Address _____

City _____ State _____ Zip _____

Mailing Address _____

(If different from above)

City _____ State _____ Zip _____

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 summary form.*

1. Summary of Automobiles Repurchased During the Calendar Year

a. Total number of automobiles repurchased in South Carolina during the calendar year: _____

b. Major problems experienced with these automobiles _____

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Accessories | 6. <input type="checkbox"/> Body Fit | 11. <input type="checkbox"/> Engine |
| 2. <input type="checkbox"/> Air Conditioning/Heating | 7. <input type="checkbox"/> Brakes | 12. <input type="checkbox"/> Interior |
| 3. <input type="checkbox"/> Alignment | 8. <input type="checkbox"/> Computer | 13. <input type="checkbox"/> Steering |
| 4. <input type="checkbox"/> Axles | 9. <input type="checkbox"/> Cooling | 14. <input type="checkbox"/> Suspension |
| 5. <input type="checkbox"/> Body Finish | 10. <input type="checkbox"/> Electrical | 15. <input type="checkbox"/> Transmission |
| | | 16. <input type="checkbox"/> Other: _____ |

2. Summary of Automobiles Replaced During the Calendar Year

a. Total number of automobiles replaced in South Carolina during the calendar year: _____

b. Major problems experienced with these automobiles _____

- | | | |
|--|---|---|
| 1. <input type="checkbox"/> Accessories | 6. <input type="checkbox"/> Body Fit | 11. <input type="checkbox"/> Engine |
| 2. <input type="checkbox"/> Air Conditioning/Heating | 7. <input type="checkbox"/> Brakes | 12. <input type="checkbox"/> Interior |
| 3. <input type="checkbox"/> Alignment | 8. <input type="checkbox"/> Computer | 13. <input type="checkbox"/> Steering |
| 4. <input type="checkbox"/> Axles | 9. <input type="checkbox"/> Cooling | 14. <input type="checkbox"/> Suspension |
| 5. <input type="checkbox"/> Body Finish | 10. <input type="checkbox"/> Electrical | 15. <input type="checkbox"/> Transmission |
| | | 16. <input type="checkbox"/> Other: _____ |

3. Arbitration Program Used

Program _____

Address _____

City _____ State _____ Zip _____

4. No Repurchases/Replacements to Report

I, the undersigned, do hereby attest the above-named Manufacturer did not repurchase or replace any motor vehicles in South Carolina within the previous calendar year.

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.