

ALARM CAPITAL ALLIANCE II, LLC DEALER QUESTIONNAIRE



GENERAL COMPANY INFORMATION

COMPANY NAME _____

COMPANY MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

PHYSICAL ADDRESS _____ CITY _____ STATE _____ ZIP _____ COUNTY _____

BUSINESS PHONE _____ CELL PHONE _____ FAX _____ E-MAIL ADDRESS _____

COMPANY STRUCTURE

OWNER/OFFICE NAME(S) FIRST, M., LAST _____ TITLE _____ SOCIAL SECURITY NUMBER _____ % OWNERSHIP _____

OWNER/OFFICE NAME(S) FIRST, M., LAST _____ TITLE _____ SOCIAL SECURITY NUMBER _____ % OWNERSHIP _____

_____ CORPORATION (TYPE)

NUMBER OF EMPLOYEES: _____

NUMBER OF OFFICES: _____

_____ PARTNERSHIP

DATE COMPANY ESTABLISHED: _____

FEDERAL TAX I.D. #: _____

_____ SOLE PROPRIETORSHIP

_____ LLC

_____ LICENSE HOLDER NAME

_____ LICENSE NUMBER(S)

_____ STATE(S)

OPERATIONS

Are you and/or your partners currently selling or installing alarm systems as an authorized dealership? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, what dealership?
Are you currently under any contractual restriction that would prohibit you from selling accounts to ACA? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, explain.
Any liens or judgments filed against your company? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, explain.
Are all tax payments (including payroll) current? Yes <input type="checkbox"/> No* <input type="checkbox"/>	*If no, explain.
Are all payments to suppliers current? Yes <input type="checkbox"/> No* <input type="checkbox"/>	*If no, explain.
Are all payables to central station(s) current? Yes <input type="checkbox"/> No* <input type="checkbox"/>	*If no, explain.
Have you ever filed personal bankruptcy? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, explain.
Has the company ever been a plaintiff or defendant in any legal proceedings? Yes* <input type="checkbox"/> No <input type="checkbox"/>	*If yes, explain.
Have you met all licensing requirements where you install alarm systems? Yes <input type="checkbox"/> No <input type="checkbox"/>	*If No, explain.

PLEASE FURTHER EXPLAIN ANY RESPONSE THAT IS MARKED WITH AN ASTERISK (*). ADD AN ADDITIONAL PAGE IF NECESSARY.

**ALARM CAPITAL ALLIANCE II, LLC
DEALER QUESTIONNAIRE CONT.**

INTERESTED IN: BULK SALE INDEPENDENT DEALER PROGRAM BOTH

ACCOUNT INFORMATION

Total number of Accounts currently owned? # Total Recurring Monthly Revenue (RMR) currently owned? \$	How many accounts do you want to sell: #
How much of your RMR is over 90 days past due: \$	How many accounts have cancelled in the past year? #
What is the makeup of the account base: Residential % Commercial %	How many new systems are installed each month? # Takeovers? #
What percentage of the base is billed by EFT or Credit Card? %	What percentage of the base is credit scored? % Minimum score you will accept? #
Have you ever increased your monitoring rates? If so, by how much? \$ _____	What is the initial contract term: _____ months What is the renewal term? _____ months
What is the stated warranty period on your contract:	Do you charge a trip charge to warranty customers?: \$ _____
How many accounts have service/maintenance plans: # What is the monthly charge? \$	What does the service/maintenance plan include?
What are your regular service rates? \$ _____ Trip charge? \$ _____	What are your "after-hours" service rates? \$ _____

CENTRAL MONITORING STATIONS

CURRENT CENTRAL STATION(S)	NUMBER OF ACCOUNTS	WHO OWNS PHONE LINE	800#'S OR LOCAL LINES

EQUIPMENT

PREFERRED MANUFACTURER	PANEL TYPE	MONTHLY INSTALLS	DOWNLOAD CAPABLE
			Yes No
			Yes No

Please add any other comments, information or company literature which you feel may be important to us.

I hereby authorize the investigation and release from time to time of personal and company credit and financial information for all officers and owners to Alarm Capital Alliance II, LLC and related entities.

Date _____

Signature of Owner/Officer: _____

Print Name of Signer: _____

DEALER PROGRAM SUPPLEMENTAL INFORMATION PAGE

Supplemental Information
(To Dealership Questionnaire)

To assist Alarm Capital Alliance, LLC in working toward the approval of funding for your company, the following information, in addition to the Dealership Questionnaire, is necessary:

- _____ 1. **Tax Returns:** Copy of company tax return for the most recent year-end.
- _____ 2. **Bank Statements:** Copy of bank statements for the prior two months.
- _____ 3. **Licenses:** Copy(ies) of and alarm or contractor's licenses required in the conduct of your business.
- _____ 4. **Insurance:** Copy of the Certificate of Insurance evidencing \$1,000,000 or more of general liability coverage as well as evidence of Workers Compensation insurance coverage. Referred to as the Certificate of Insurance.
- _____ 5. **Dealer Agreement:** A copy of the agreement with any acquisition Dealer Program you have done business with in the last twelve months if applicable.
- _____ 6. **Articles of Organization/Incorporation:** Any operating documents establishing LLC, Corporation, etc. and identifying ownership.
- _____ 7. **Online/Offline Report:** A report showing the number of accounts taken offline and the number of accounts put online each month for the last 24 months. Upon request, your central station can provide this report.
- _____ 8. **Current Aging Report:** A report showing the current 1-30, 31-60, 61-90, 91+ aging on your existing customer base.