

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* No

*If yes, what dealership?

Are you currently under any contractual restriction that would prohibit you from selling accounts to ACA? Yes* No

*If yes, explain.

Any liens or judgments filed against your company? Yes* No

*If yes, explain.

Are all tax payments (including payroll) current? Yes No*

*If no, explain.

Are all payments to suppliers current? Yes No*

*If no, explain.

Are all payables to central station(s) current? Yes No*

*If no, explain.

Have you ever filed personal bankruptcy? Yes* No

*If yes, explain.

Has the company ever been a plaintiff or defendant in any legal proceedings? Yes* No

*If yes, explain.

Have you met all licensing requirements where you install alarm systems? Yes No

*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: _____