

ALARM CAPITAL ALLIANCE
DEALERSHIP QUESTIONNAIRE



A. GENERAL INFORMATION

COMPANY NAME _____				OFFICE / CELL NUMBERS _____
COMPANY ADDRESS _____			FAX NUMBER _____	
CITY _____	STATE _____	ZIP CODE _____	COUNTY _____	E-MAIL ADDRESS _____

B. ORGANIZATION

Company Structure: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ LLC	Number of Employees: _____ Date Company Established : _____ FEDERAL TAX I.D. # _____	Number of Office(s): _____ Market Locations by City, State: _____ _____
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Owner / Officer Name(s) (First, Mi, Last)	Title	Social Security Number	Percentage Ownership
_____	_____	_____	_____
_____	_____	_____	_____

C. OPERATIONS

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

Please further explain any response that is marked with an asterisk (*). *Please add an additional page if necessary.*

D. ACCOUNT INFORMATION

BULK SALE:

AFFILIATE PROGRAM:

Total number of Accounts currently owned: #	Number of accounts you want to sell: #
Total RMR currently owned: \$	Has each subscriber signed your monitoring contract?
What is the makeup of the account base:	Residential % Commercial %
What is the initial contract term: months	What is the renewal term: months
What is the stated warranty period:	Service / trip charge after warranty: \$
Have you ever increased your monitoring rates?	If so, by how much?
How many accounts have service plans: #	What is monthly charge: \$
What percentage of the base is EFT or Credit Card:	What percentage of the base is credit scored: % What is the minimum credit score:
How many new systems are installed each month:	How many accounts have cancelled in the past year:
What do you charge for service? Trip charge?	What are your "after-hours" service rates?

E. MONITORING STATIONS

List the Central Stations ("CS") where your accounts are currently monitored.

Central Station	Number of Accounts	Who owns Phone Lines?	800#'s or Local Lines

F. LICENSE INFORMATION

License Holder	State	License Number

G. EQUIPMENT

Manufacturer	Monthly Installs	Downloadable	
		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: _____