

# SELLER QUESTIONNAIRE

V-012015



## A. GENERAL INFORMATION

COMPANY NAME (LEGAL AND DBA'S)			OFFICE & CELL NUMBERS
COMPANY ADDRESS			FAX NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

## B. ORGANIZATION

**Company Structure:**  
 Corporation  
 Partnership  
 Sole Proprietorship  
 LLC

**Market Locations by City, State:** \_\_\_\_\_  
**Date Company Established:** \_\_\_\_\_  
**FEDERAL TAX I.D. #** \_\_\_\_\_

**Number of Office(s):** \_\_\_\_\_  
**# of Subcontractors:** (sales) \_\_\_\_\_ (service) \_\_\_\_\_  
**# of Employees:** \_\_\_\_\_

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 dealer?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, what program?
Are you currently under any volume or contractual restriction that would prohibit you from selling accounts to another buyer?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, explain.
Any liens or judgements 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.

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**D. ACCOUNT INFORMATION**     PARTIAL SALE     COMPLETE SALE     DEALER PROGRAM

Total number of accounts currently owned: #	How many accounts do you want to sell: # _____ Weekly    _____ Monthly    _____ Bulk
Total RMR (recurring monthly revenue) currently owned: \$	Have you ever increased your monitoring rates? <b>Amount per Acct</b> _____ <b>Date</b> _____
What is the makeup of the account base: <b>Residential</b> _____ % <b>Commercial</b> _____ %	What % of the base is billed through ACH or Credit Card: <b>Direct Invoice</b> _____ % <b>ACH/CC</b> _____ %
How many new systems are installed each month:	How many accounts have cancelled in the past year:
Sales Methods: (put in estimated % of leads) Referrals: _____ % Advertising: _____ % Door Knocking: _____ % Other: _____ % (define here) _____	How many accounts have cellular? _____ How many of your cell accounts are 3G? _____ What is the monthly charge for cellular: \$ _____
What are your service & trip charge after warranty? \$\$	What are your "after-hours" service rates? \$\$
How many accounts have service plans? _____ What is the monthly charge for service plans: \$ _____	On average, what do you normally charge for installation? \$\$

**E. MONITORING STATIONS**

List the Central Stations 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
		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 My Alarm Center, LLC dba Alarm Capital Alliance and related entities.

Date \_\_\_\_\_ Signature of Owner/Officer: \_\_\_\_\_  
Print Name of Signer: \_\_\_\_\_