



# Program Enrollment Form

Please complete this form and fax it back to: **630.429.9270**  
 If you have questions please call: **888.501.5612**

Referred By: \_\_\_\_\_

## ALARM DEALER INFORMATION

<b>OWNER(S):</b>			
<b>BUSINESS NAME:</b>			<b>DBA:</b>
<b>REPORTING ADDRESS:</b>		<b>REMITTANCE ADDRESS:</b>	
<b>PRIMARY PHONE/FAX:</b>	<b>PHONE:</b>	<b>FAX:</b>	
<b>PRIMARY EMAIL:</b>		<b>ALTERNATE EMAIL:</b>	
<b>LICENSE #:</b>			
<b>FEDERAL TAX ID #:</b>			
<b>KEY FINANCING CONTACT:</b>		<b>PHONE/EXT:</b>	
<b>OTHER BUSINESS LOCATIONS</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>WOULD YOU LIKE TO ENROLL THE OTHER LOCATIONS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(IF YES, PLEASE INCLUDE OFFICE LOCATIONS BELOW)</small>	
		_____	
<b>PRODUCT/SERVICES PROVIDED:</b>	<input type="checkbox"/> FINANCING <input type="checkbox"/> SERVICING <input type="checkbox"/> BULK PURCHASE		
<b>TOTAL START UP FEE:</b>	<b>\$99.00</b> <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX  <input type="checkbox"/> CHECKING ACCOUNT		
	<b>CARD NUMBER:</b> _____ <b>EXP DATE:</b> _____ <b>CVC CODE:</b> _____ (3 DIGIT)		
	<b>CARD HOLDER NAME:</b> _____		
	<b>CARD HOLDER ADDRESS:</b> _____		

## BUSINESS PROFILE

<b>PRINCIPAL OWNERS:</b>	<b>OWNER NAME:</b> _____ <b>%OWNERSHIP:</b> _____
	<b>SSN:</b> _____ <b>HOME PHONE:</b> _____
	<b>HOME ADDRESS:</b> _____
	<b>OWNER NAME:</b> _____ <b>%OWNERSHIP:</b> _____
	<b>SSN:</b> _____ <b>HOME PHONE:</b> _____
	<b>HOME ADDRESS:</b> _____
<b>ESTIMATED TOTAL OF ACCOUNTS:</b>	
<b>ESTIMATED NEW ACCTS PER MO:</b>	

**ADDITIONAL OFFICE LOCATIONS:**     **START UP FEE: \$49.00 PER EACH ADDITIONAL LOCATION**

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**GENERAL QUESTIONS:**

**Has the Company or any owners filed bankruptcy?**    YES    NO

(If yes, explain) \_\_\_\_\_  
\_\_\_\_\_

**Are there any liens or judgments filed against you, your Company or any predecessor company?**    YES    NO

(If yes, explain) \_\_\_\_\_  
\_\_\_\_\_

**INSURANCE / LIABILITY:**

**Lawsuits or Claims Pending:**    YES    NO:   (If YES, please explain on separate page)

**General Liability (coverage):**   \$ \_\_\_\_\_

**Property Damage (coverage):**   \$ \_\_\_\_\_

**Errors & Omission (coverage):**   \$ \_\_\_\_\_

**Name of Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**BANK ACCOUNT INFORMATION**

**DO YOU PREFER YOUR REMITTANCE VIA CHECK OR BANK TRANSFER?**    CHECK    ACH/BANK TRANSFER

**WIRE OR MONEY TRANSFER INFORMATION FOR DEBIT OR CREDIT TRANSACTIONS FROM/TO PROVIDER'S ACCOUNT**

**(NOTE: FEE MAY BE CHARGED AGAINST REMITTANCE)**

**IMPORTANT:** Please provide us with a copy of a **VOIDED CHECK** from this account.

**BANK ACCOUNT NAME**

**BANK ACCOUNT NUMBER:**

**BANK ABA ROUTING NUMBER:**

**FEDERAL TAX ID NUMBER:**

**IS THIS A CHECKING OR SAVINGS ACCOUNT?**    CHECKING    SAVINGS

**AUTHORIZATION**

Applicant hereby authorizes Security Equity Partner's, LLC its partner's transferees to initiate ACH Deposits or Debits to and from my bank account as indicated in the accompanying agreement. I have attached a VOIDED CHECK for the account to be deposited and/or debited from by Checking/Saving Account and or Debit/Credit Card. A monthly service fee of \$20.00 will be charged to selected payment method for monthly credit reporting fees.

I understand that if I did not select to have these funds withdrawn from my debit/credit card, I hereby authorize Security Equity Partner's, LLC to withdraw these fees from my checking account above. I understand that any debit entry from my account that is returned unpaid may be collected in the same manner as an unpaid paper check.

My authorization for debit entries to my designated bank account above shall remain in full force and effect until Security Equity Partner's, LLC or its partner's transferees or assignees have received written notification from me at least thirty (30) days in advance of my intent to change or cancel this Authorization for automatic bank debits and credits.

I/We for ourselves and as owners(s)/officer(s)/partner(s) of the Applicant authorize Security Equity Partners to make whatever credit inquiries or verification of information that Security Equity Partners deems necessary in connection with this application. I/We authorize and instruct any person or reporting agency to compile and furnish any information that it may have or obtain in response to credit inquiries from Security Equity Partners in connection with this application or extension of credit. I/We agree that any information supplied or furnished by any person or reporting agency in response to this application shall remain the property of Security Equity Partners whether or not credit is extended.

The undersigned represents and warrants that a) the foregoing application and declarations (including all exhibits) has been carefully read and is true, correct and otherwise complete and that Security Equity Partners may consider this statement as continuing to be true, correct and complete until a written notice of change is given to Security Equity Partners by the undersigned, b) the signature(s) below are valid, genuine and the individual(s) signing this application received all necessary authorizations to sign this application.

**AFTER COMPLETING THIS ENTIRE APPLICATION, PRINT AND SIGN BELOW**

**Signature of Authorized Business Representative(s)**

**Signature of Guarantor(s)**

Print Name, Title	Signature	Date
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Print Name, Title	Signature	Date
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Print Name, Title	Signature	Date
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Print Name, Title	Signature	Date
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