



Start-up Direct Marketer

Profile and Application

**Start-up DM Profile
Initial Agreement Profile**

1. DM Information *(complete a form for each location)*

Legal Name: _____ Federal Tax # _____
Street Address: _____ Phone: (____) _____
Mailing Address: _____ Fax # (____) _____
City: _____ State: _____ Zip: _____
Web Site: _____ State/Type of Incorporation: _____

2. DM Management

President: _____ Ph: (____) _____ x _____ E-Mail: _____
Previous Employer: _____ Dates: _____ Capacity: _____

Gen. Mgr: _____ Ph: (____) _____ x _____ E-Mail: _____
Previous Employer: _____ Dates: _____ Capacity: _____

Sales Mgr: _____ Ph: (____) _____ x _____ E-Mail: _____
Previous Employer: _____ Dates: _____ Capacity: _____

Service Mgr. _____ Ph: (____) _____ x _____ E-Mail: _____
Previous Employer: _____ Dates: _____ Capacity: _____

Acctg Mgr: _____ Ph: (____) _____ x _____ E-Mail: _____
Previous Employer: _____ Dates: _____ Capacity: _____

Others who have authority to make decisions: _____

3. DM Owners *(all with ownership greater than 5% of any company that will participate directly or indirectly in the Agreement)*

Owner #1: _____ Capacity: _____ Date of Birth: ____/____/____

Home Address:

Yrs. at Residence: _____ % Ownership: _____% SS # _____ - _____ - _____

Yrs. in Business: _____ (provide details for at least last 6 years)

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

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DM Owners (cont.)

Owner #2: _____ Capacity: _____ Date of Birth: ____/____/____

Home Address: _____

Yrs. At Residence: _____ SS # ____ - ____ - ____

Yrs. in Business: _____ (provide details for at least last 6 years)

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

Owner #3: _____ Capacity: _____ Date of Birth: ____/____/____

Home Address: _____

Yrs. at Residence: _____ % Ownership: _____% SS # ____ - ____ - ____

Yrs. in Business: _____ (provide details for at least last 6 years)

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

Employed by: _____ Dates: _____ Capacity: _____

If more than three owners with at least 5% ownership, please provide the above information on additional owners on a separate piece of paper.

4. Please answer and explain any “Yes” answers.

Have any Owner(s)/ Principles ever filed personal or business bankruptcy? _____

Do you have and are you using call recording hardware integrated in your phone system? _____

Are you recording all sales calls? _____

Are any of the owners(s) or the business currently under litigation, investigations or subpoena? _____

Have any of the Owner(s) been convicted of a crime (not traffic citations)? _____

Has any owner been involved in a judgment against or settlement agreement? _____

If any of the above answers are “Yes”, please attach on a separate sheet of paper, a detailed explanation of the situation and the ultimate outcome.

5. Financing of Start-up: Please explain how the new business will be financed? Capital Available: \$ _____

Bank: _____ (Operating Account)

6. Expected Production: Monthly VSC Sales: 1st Month _____
6th Month _____
12th Month _____

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7. Facilities and Human Resources:

Facility Occupancy Capacity: _____

Lease Term: _____

Number of Employees Hired: _____ as of _____

Expected Number of Total Employees after 1st Month of Selling: _____

Expected Number of Sales Employees after 1st Month of Selling: _____

How are you handling Payroll? (e.g., ADP, QB): _____

8. Expected Sales by Lead Sources (next 6 months):

- a. Mail: _____%
- b. Predictive Dial: _____% - Internal: _____% - Third Party Sources: _____%
- c. Internet Leads: _____% - Internal: _____% - Third Party Sources: _____%
- d. Other: _____% - Describe: _____
- e. Other: _____% - Describe: _____

If selling off of Internet Leads, explain how leads will be generated and how customers will be sold.

Web Addresses: _____

9. Fulfillment Company:

Forte Data Moxy Solutions ASAP Other: _____

When was Fulfillment Company Agreement signed? _____

Who is Fulfillment Company Contact (Name/Phone): _____

10. Financing Company:

Mepco Omnisure Paylink Other: _____

When was Finance Company Agreement signed? _____

Who is Finance Company Contact (Name/Phone): _____

*Please attach a copy of your Finance Company contract and application. **You authorize AAS and the Finance Company listed above to share information regarding the Finance Company application and this application.***

Initial: _____

11. Credit Card/ACH Merchant Account Processor:

Payliance Other: _____

When were the Merchant Account Agreements signed? _____

Who is Processor Contact (Name/Phone): _____

12. Other Key Third Party Partners:

Please list other key third party partners:

Name / Role: _____

Name / Role: _____

13. Vehicle Protection Association:

Member? (yes/no) _____

If "No", do you plan to join? _____ When? _____

Are you familiar with the VPA's marketing guidelines? (yes/no) _____

If "no", AAS will provide you with a copy of the guidelines and you will be expected to comply with these guidelines whether a member or not.

Signed: _____ **Date:** _____