

Confidential Application

**(Please complete all information on front and back of application.
Attach additional sheets if needed.)**



COMPANY NAME FEDERAL TAX I.D. # TELEPHONE NUMBER

COMPANY ADDRESS E-MAIL ADDRESS

CITY STATE ZIP CODE COUNTY FAX NUMBER

OWNER'S NAME HOME TELEPHONE

HOME ADDRESS CITY STATE ZIP CODE

Company Structure: _____ Corporation
_____ Partnership
_____ Sole Proprietorship
_____ Limited Liability Company
Number of Employees: _____
Date Company Established: _____
State of Organization: _____
Number of Office(s): _____
Office Locations by City, State: _____

Owner / Officer Name(s) (First, Mi, Last)	Title	Social Security Number	Percentage Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OPERATIONS

How do you bill? Monthly___ Quarterly___ Annually___ Other___	Total annual revenue _____
Do your monitored accounts secure any loans? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Total monthly recurring revenue _____
Any liens or judgements filed against your company? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Total number of monitored accounts _____
Are all tax payments (including payroll) current? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Average number of monthly installations _____
Are all payments to suppliers current? <input type="checkbox"/> Yes <input type="checkbox"/> No*	Are all subscribers under written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No*
Are all payables to central station(s) current? <input type="checkbox"/> Yes <input type="checkbox"/> No*	How many accounts cancel each year? _____
Have you ever filed personal bankruptcy? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Have you ever sold accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes* To Whom*
Ever owned a company that filed bankruptcy? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Are you currently selling accounts? <input type="checkbox"/> Yes* <input type="checkbox"/> No
Have you met all licensing requirements where you install alarm systems? <input type="checkbox"/> Yes <input type="checkbox"/> No*	What equipment do you install (make/model)? * _____

Please further explain any response that is marked with an asterisk (*). _____

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

Central Station Name and State	Number of accounts	Who owns the phone lines?	Are the accounts on 800 or local lines?	Cost per account
		<input type="checkbox"/> You <input type="checkbox"/> CS	<input type="checkbox"/> 800 or <input type="checkbox"/> local	\$
		<input type="checkbox"/> You <input type="checkbox"/> CS	<input type="checkbox"/> 800 or <input type="checkbox"/> local	\$
		<input type="checkbox"/> You <input type="checkbox"/> CS	<input type="checkbox"/> 800 or <input type="checkbox"/> local	\$
		<input type="checkbox"/> You <input type="checkbox"/> CS	<input type="checkbox"/> 800 or <input type="checkbox"/> local	\$

BORROWING NEEDS

Anticipated borrowing needs: Now \$ _____ Monthly \$ _____

Purpose for which funds will be used: _____

COMPANY INFORMATION – Discuss origins, market emphasis, unique circumstances or attributes, challenges and strengths. Have you operated under a "DBA"? If so list names and circumstances.

OWNER AND KEY MANAGER INFORMATION – Discuss Industry Experience, Licenses Held.

HOW DID YOU HEAR ABOUT CRITICOM INTERNATIONAL? Letter Trade Magazine

Referred by: _____ Sales Call/Visit Trade Show Other: _____

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 Criticom International and related entities.

Date _____ Signature of Owner/Officer: _____

Print Name of Signer: _____

Title with Company: _____