



AGENT PRE-QUALIFICATION FORM

1- What is the Name of your Business?

2- Business Address?

City: _____ State: _____ Zip Code: _____

Telephones: _____ Fax: _____

Email Address: _____

3- Has your business been Incorporated (INC)? Yes ___ No ___

4- What is the Name appearing on your Incorporation License?

Please provide proof (copy of License)

Services provided?

5- Business Federal Employer Identification Number (FEIN) or Tax Id. Number?

Please provide proof (copy of License)

6- Social Security Number(s) of the major partners?

1. Last Name: _____ First Name: _____

Alien Card # _____ Driver's lic # _____

SSN _____ - _____ - _____

Residential Address: _____

Phone: _____ Cell: _____

Rent: _____ Own: _____

2. Last Name: _____ First Name: _____

Alien Card # _____ Driver's lic # _____

SSN _____ - _____ - _____

Residential Address: _____

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Phone: _____ Cell: _____

Rent: _____ Own: _____

7- Is the name shown on your Incorporation license different from that under which you do business?
Yes _____ No _____

8- Has the name under which you do business (make advertisement, flyers, radio spots, TV ad etc.) been registered as a DBA (Doing Business As)?
Yes: _____ No: _____

If registered, please provide proof (copy of Registration).

9- Have you ever declared bankruptcy? Yes: _____ No: _____

If Yes, Date: _____

Please list the Business and Partner's personal bank accounts:

1.- Bank: _____ acc# _____

2.- Bank: _____ acc# _____

3.- Bank: _____ acc# _____

REFERENCES: (2 NAMES)

1.- NAME: _____ PHONE _____

ADDRESS: _____

2.- NAME: _____ PHONE _____

ADDRESS: _____

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The above information being asked of you is required by your State Financial Regulators. The undersigned acknowledge that the above is true and correct and hereby authorize Unitransfer to use any legal means to corroborate them. They understand this questionnaire will be used for credit inquiry and background check. If the application is approved, they hereby authorize Unitransfer to perform periodic credit and background checks.

If you have any questions, please contact the Management Department at 1-877-864-8726.

Signature: (1) _____ Date: _____

Signature: (2) _____ Date: _____

This instrument has been signed before me on the day of 20.... By.....
.....who presentedas
identification or is personally known to me.

Notary Name, Seal and Signature

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