



Prospective Client Profile

PROSPECTIVE CLIENT PROFILE

Thank you for your interest in The Ampersand Group. This profile will allow us to determine your business objectives and goals. All information is strictly confidential and does not obligate you or The Ampersand Group. Please fill it out and fax it to 330/379-0078, Attention: Bob Penn. I will get back with you as soon as possible.

Thank You, Bob Penn, C.O.O., The Ampersand Group.


PERSONAL PROFILE

Last Name		First Name		Middle		<input type="checkbox"/> Male <input type="checkbox"/> Female		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Home Street Address						How many years at this address?					
City		State		Zip		Birthdate					
Home Phone Number		Cell Phone Number		Best time to call		Own/Buying <input type="checkbox"/> Renting <input type="checkbox"/>		Social Security Number			
Marital Status		Spouses Name		Spouses Birthdate		U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Child's Name			Age			Child's Name			Age		
Child's Name			Age			Child's Name			Age		
How did you hear about us?					Magazine and Trade Journals you read.						
Affiliations (Business, Civic fraternal)											
Hobbies, Activities, Interests?											

BUSINESS DESCRIPTION – Base information on your current position

Name of Business/Current Employer			Title	Date Started		
Street Address			Description of business/position			
City	State	Zip	E-mail Address			
Business Phone	Business Fax		May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What equipment/Software do you use in your current job?						
In handling the day-to-day operations of your business, which activities do you least like? Most?						
Least:						
Most:						
Why are you considering The Ampersand Group?						
What are your concerns with The Ampersand Group?						
FINANCIAL		Previous Year		Current Year To Date		
Sales	Gross Profit	Net Income		Sales	Gross Profit	Net Income
Current Inventory Bill As Ship				Average Order Size (Sell) \$		
Brief Description of Product Mix						
Product Line	%	\$/Yr.	Brief Description of Industry Mix			
Business Forms	_____	_____				
Commercial Printing	_____	_____				
Promotional Products	_____	_____				
Office Supplies	_____	_____				
Other _____	_____	_____				

If you do not currently own your own business. Please complete the following section

Have you ever been self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever signed a non-compete that may limit your owning your own Distributorship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Income from present occupation? \$_____ per year		Spouse/Other Income \$_____ per year		Minimum monthly expenses? \$_____
Would your business be your sole source of income? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, Explain		
Own Home or Rent? <input type="checkbox"/> Own <input type="checkbox"/> Rent		Current Value? \$_____		
Total Assets? \$_____		Total Liabilities? \$_____		Total Net Worth? \$_____
Location Preferences				
Do you intend to run this business yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, who will be responsible for the daily operation of your business?				
Do you have any contingent liabilities for guarantees, endorsements, leases, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you or any company you have owned or managed gone through bankruptcy or compromised a debt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now, or have you ever been party to any lawsuit - either as a defendant or plaintiff? <input type="checkbox"/> Yes <input type="checkbox"/> No			Have you ever been convicted of any offense (including misdemeanors for which you were fined \$200 or more) <input type="checkbox"/> Yes <input type="checkbox"/> No	
What are your annual income goals?	In 3 years	In 5 years	In 10 years	How many hours per week will you give to your business to reach your goals?
I agree to allow The Ampersand Group Inc., to check personal credit history and background				
_____ Signature		_____ Date		
Please complete and sign this profile and fax it to 330-379-0078 or mail it to us at:				
The Ampersand Group 1946 South Arlington Street Akron, Ohio 44306 Phone 330-379-0044				
 The Ampersand Group <small>LLC.</small> Supporting Independent Distributors Worldwide				



Background Check and Release of Information

In connection with, and for the duration of my agreement with The Ampersand Group (including contract for services) with The Ampersand Group, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. Further, I understand that The Ampersand Group will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

PRINT FULL NAME: _____

ALIAS/MAIDEN NAME (S) _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____ **DATE OF BIRTH** ____/____/____

CURRENT ADDRESS _____

CITY/STATE/ZIPCODE: _____

DRIVER'S LICENSE NUMBER: _____ **STATE ISSUED:** _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

Prospective Employer

Date of birth is being requested in order to obtain accurate retrieval of records.



Distributor Information

Distributor Legal Name

DBA

Contact Name

Email Address

Address

City, State Zip

Phone

Fax

Business Information

List all states that you are licensed to sell in

What is your Federal Tax Identification Number (EIN Number)

What is your vendor's license or Sales Tax number - Indicate state license issued from

Email us your Company Logo in .eps format. To bpenn@TheAmpersandGroup.com

Indicate the fonts used in your Company Logo

Banking Information

Indicate bank **routing number** for commission disbursements

Indicate bank **account number** for commission disbursements



Distributor User Logon Information:

Users Name (First Name and Last Name)

User Email Address

User Phone Number

Roles / Responsibility with our Organization: SALES CSR

User Name - (Will be first initial Last Name) example John Doe - Jdoe

Password - (Will be Amp3rsand for initial logon and then user will be required to change)

Additional User:

Users Name (First Name and Last Name)

User Email Address

User Phone Number

Roles / Responsibility with our Organization: SALES CSR

User Name - (Will be first initial Last Name) example John Doe - Jdoe

Password - (Will be Amp3rsand for initial logon and then user will be required to change)

Additional User:

Users Name (First Name and Last Name)

User Email Address

User Phone Number

Roles / Responsibility with our Organization: SALES CSR

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Sales Tax / W-9 / Tax Exempt Documentation

W-9 Request for Taxpayer Identification Number and Certification

Provide us a SIGNED W-9 that we can provide to your clients upon request

Available at: www.irs.gov/pub/irs-pdf/fw9.pdf

Tax Exempt Certificate

Provide us a SIGNED Tax Exempt Certificate provide to your vendors for Exempt Status

Sales Tax Reporting Information

Indicate **ALL** applicable State / County / City Taxing authorities you are currently filing for

State

Rate

County

Rate

City

Rate

Frequency of Reporting - **Monthly** **Quarterly** **Yearly**

State

Rate

County

Rate

City

Rate

Frequency of Reporting - **Monthly** **Quarterly** **Yearly**