



Security AlarmGroup, LLC

Dealer Application
(Revised 1-14-07)

Instructions/Checklist

1. Please type or neatly print this application.
2. Please fill out each space in the application. If a particular question is not applicable, please mark N/A.
3. Incomplete applications will be returned and delay the acceptance process.
4. Each page should be initialed and page 6 must be signed for the application to be complete.
5. If there is not enough room to answer a question completely, please use a separate page and reference it on the application form.
6. Do not submit the application until you have all the pages completed and the additional requested documentation.
7. Additional required documentation includes:
 - Copy of alarm license (where required by state or municipality)
 - Copy of Contractors license (where required by state or municipality)
 - Copy of Liability Insurance policy with E&O coverage (pages with pertinent data including face amount are all that are necessary)
 - Copy of Business Automobile policy (pages with pertinent data are all that are necessary)
8. Additional information may be required after application review.

Initial application and documentation may be faxed to Dustin Reilich at 949-481-8436.

Original documents should also be mailed directly to SAG Acceptance Corporation, LLC.

Mail completed application package to:

SAG Acceptance Company LLC
Attn: Dustin Reilich
60 Via Regalo
San Clemente, CA 92673

For questions or inquiries on your application:

Call or email Dustin Reilich at
Phone: (800) 795-8767 - Direct: (949) 481-8088
Email: DReilich@securityalarmgroup.com

Initials _____
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Dealer Application

Application for Authorized Dealer Program

GENERAL INFORMATION

Date: _____ Company Legal Name: _____
 d/b/a: _____
 d/b/a: _____

Owner/Contact: _____ Title: _____
 Street Address: _____ E-Mail: _____

City _____ County _____ State _____ Zip _____ Website: _____
 Phone: _____ Fax: _____ Cell: _____

Date Started: _____ Fiscal Yr End: _____ State Of Org: _____ Federal ID #: _____

Type of Organization: (Check One):
 Proprietorship ___ Partnership ___ C-Corp ___ S-Corp ___ L.P. ___ LLC ___ Ltd. Part. ___

LICENSING INFORMATION

Alarm License # _____ State _____ Valid Until _____
 Alarm License # _____ State _____ Valid Until _____
List other Alarm Licenses on an additional sheet if necessary.

INSURANCE INFORMATION

E&O-Liab Ins. Co. _____ Expiration Date: _____
 Limits of Coverage: \$ _____ \$ _____ \$ _____
 Auto Ins. Co. _____ Expiration Date: _____
 Limits of Coverage: \$ _____ \$ _____ \$ _____
 Workmen's Comp: _____ Policy #: _____ Expiration Date: _____
 Ins. Broker/Agent: _____ Phone #: _____

Initials _____
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Dealer Application

Personal Data Schedule

(Principals, Partners, Officers, Directors or Stockholders owning more than 5% of the company)

Personal Information (Please fill out completely)

Legal Name	Date of Birth	City/State of Birth		
<hr/>				
Home Street Address	City	State	Zip	Home Phone
<hr/>				
Social Security Number	Drivers License Number		State	

Personal Information (Please fill out completely)

Legal Name	Date of Birth	City/State of Birth		
<hr/>				
Home Street Address	City	State	Zip	Home Phone
<hr/>				
Social Security Number	Drivers License Number		State	

Personal Information (Please fill out completely)

Legal Name	Date of Birth	City/State of Birth		
<hr/>				
Home Street Address	City	State	Zip	Home Phone
<hr/>				
Social Security Number	Drivers License Number		State	

Personal Information (Please fill out completely)

Legal Name	Date of Birth	City/State of Birth		
<hr/>				
Home Street Address	City	State	Zip	Home Phone
<hr/>				
Social Security Number	Drivers License Number		State	

Personal Information (Please fill out completely)

Legal Name	Date of Birth	City/State of Birth		
<hr/>				
Home Street Address	City	State	Zip	Home Phone
<hr/>				
Social Security Number	Drivers License Number		State	

Initials _____
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Dealer Application

References

Banking References:

Bank Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____

Bank Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____

Bank Name: _____ Account #: _____
 Contact Name: _____ Phone #: _____

Trade References:

Vendor Name: _____ Account#: _____
 Contact Name: _____ Phone#: _____

Vendor Name: _____ Account#: _____
 Contact Name: _____ Phone#: _____

Vendor Name: _____ Account#: _____
 Contact Name: _____ Phone#: _____

BUSINESS PROFILE:

1. How many installations do you do per year on average? _____

2. What percentage of your business is residential? _____

3. How many employees do you currently have? _____

4. Do you own, rent or lease office space for your alarm business? _____

5. How many trucks are you currently running for your dealership? _____

6. Staff breakdown: _____ **Sales People**
 _____ **Installers**
 _____ **Office/Clerical**
 _____ **Executives/Managers**

Initials _____

Consent and Agreement

I (we) understand and agree that Security AlarmGroup, LLC, its financial partners and its subcontractors and assigns may at any time verify all or part of the information I (we) have provided Security AlarmGroup, LLC in this application. I (we) understand that this verification may include inquiries into my (our) credit histories, trade references, bank references, criminal and civil records as well as other information in the public domain. I (we) hereby release and hold harmless from all liability, any individual or entity requesting or supplying information with respect to my (our) business association with Security AlarmGroup, LLC and its lenders or assignees. The information provided in this application I (we) believe, to the best of our knowledge, to be accurate in every respect.

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

By: _____ Title: _____ Date: _____

Initials _____
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