



# PARTNERSHIP APPLICATION **ARROW SECURITY**

## PERSONAL

NAME (FIRST, MIDDLE INITIAL, LAST)		STREET ADDRESS	
CITY, STATE, COUNTRY, ZIP		HOME PHONE NUMBER ( )	
E-MAIL ADDRESS		FAX NUMBER ( )	
BIRTH DATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER OR OTHER APPLICABLE IDENTIFICATION NUMBER	

## PROFESSIONAL BACKGROUND

CURRENT OCCUPATION / TITLE	LENGTH OF EMPLOYMENT	SELF EMPLOYED <input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF COMPANY	BUSINESS PHONE NUMBER ( )	
ADDRESS		
CITY, STATE, COUNTRY, ZIP		
GIVE A BRIEF REVIEW OF LAST 5 YEARS OF EMPLOYMENT		

PERSONAL REFERENCES		PROFESSIONAL REFERENCES	
Name	Phone Number	Name	Phone Number
	( )		( )
	( )		( )

## FINANCIAL REFERENCES

NAME OF INSTITUTION	
CONTACT / TITLE	PHONE NUMBER ( )
NAME OF INSTITUTION	
CONTACT / TITLE	PHONE NUMBER ( )

## GEOGRAPHICAL TRADE AREA(S) OF INTEREST

CITY	STATE	COUNTY	COUNTRY

The undersigned hereby authorizes Aron Security, Inc., DBA Arrow Security, herein after, Arrow, , to obtain and exchange credit data; warrants that all information contained in this application is true and accurate and agrees to notify Arrow of any material change in this information during the pendency of this application.

SIGNATURE	DATE SIGNED
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# ARROW SECURITY

## CREDIT INFORMATION

PERSONAL <i>Please attach a copy of your current personal monthly checking and savings account statements.</i>		BUSINESS <i>Please attach a copy of your current business monthly checking and savings account statements.</i>	
NAME OF BANK OR FINANCIAL INSTITUTION		NAME OF BANK OR FINANCIAL INSTITUTION	
CONTACT PERSON	PHONE NUMBER (    )	CONTACT PERSON	PHONE NUMBER (    )
ADDRESS		ADDRESS	
CITY, STATE, COUNTRY, ZIP		CITY, STATE, COUNTRY, ZIP	
CHECKING ACCOUNT NUMBER		CHECKING ACCOUNT NUMBER	
SAVINGS ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER	

## BUSINESS ENTITY INFORMATION

PLEASE INDICATE ONE OF THE FOLLOWING:

Existing entity       New entity to be formed

If this is an existing business, will the business be guarantying the debt to Arrow in addition to personal guarantees?       Yes       No

PLEASE INDICATE ONE OF THE FOLLOWING:

Sole Proprietorship       Partnership       Limited Partnership       Limited Liability Company       Corporation

NAME OF BUSINESS ENTITY:

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Amount of initial working capital available      \$       Personal      OR       Existing business assets

STATE OR COUNTRY OF FORMATION:      DATE OF LEGAL EXISTENCE:

PRIMARY BUSINESS PERFORMED BY BUSINESS ENTITY:

NAME OF OWNER(S), PARTNER(S) OR MEMBER(S)		PERCENTAGE OF OWNERSHIP
1)		
2)		
3)		
4)		
FLEET CREDIT LINES	CONTACT / TITLE / PHONE NUMBER	AMOUNT
1) Bank / Finance Company		\$
2) Bank / Finance Company		\$
3) Bank / Finance Company		\$
4) Bank / Finance Company		\$
5) Leasing Company		\$

By signing below, I warrant that all of the information submitted in connection with this Application, including any financial statements attached to this Application, are true and accurate as of the date below; and, I agree to notify Arrow of any material change in my personal, business or financial status while this Application is pending. I understand that this Application does not constitute an offer by Arrow to sell a partnership and that this information is being provided to Arrow solely for the purpose of evaluating my personal, professional and financial qualifications. I consent to and acknowledge that in addition to any information provided by me, Arrow may obtain and exchange background information relating to my personal and business records, including but not limited to my credit, tax, litigation, property, corporate, criminal and driving records. I consent to and acknowledge that the information provided with this Application may be used to qualify me for any lease or finance programs made available through Arrow.

SIGNATURE	DATE SIGNED
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