# Alternative Capital, Inc.

# Alternative Capital, Inc. ISO/Referral Partner Agreement



This agreement is made and entered into effect this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between, Alternative Capital, INC and \_\_\_\_\_\_ company with ISO office or address at: \_\_\_\_\_

Whereas, ISO/Referral Partner is engaged in business as a INDEPENDENT SALE ORGANIZATION, a Financial Institution, broker, consultant or service provider that works with small to medium business owners on a regular basis.

### Term: TERMINATION

The term of this agreement shall commence on the date until terminated by either party upon thirty (30) days prior written notice to the other party. All payments, rights and obligations will cease during termination.

Alternative Capital will immediately terminate this agreement in cases of unethical or untruthful behavior towards the customer.

Initials:\_\_\_\_\_



Initials:\_\_\_\_\_

Initials:\_\_\_

### COMMISSIONS:

ISO/Referral Partner shall be paid within seven business days, after client has been funded. COMMISSIONS paid will be taken back if client were to default within 60 days.

# COMMISSION PAYMENTS SCHEDULE A

I. MCA (Merchant Cash Advances)
1st & 2nd
Funded client within
Full month = 3% of total amount funded
3rd & 4th
Funded client within
Full month =4 % of total amount funded
5th, 6th & 7th
Funded client within
Full month = 5% of total amount funded
8th, 9th & 10th, or greater
Funded client within
Full month = 6% of total amount funded

\*A 7% commission will continue to be paid on additional MCA deals after the 10th deal



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al, Inc.

## COMMISSION PAYMENTS SCHEDULE A

- **II.** LINES OF CREDIT = 1% of total loan disbursement
- **III.** SBA Loan = 1%
- **IV.** Traditional Loan = 1%
- **V.** Commercial Real Estate Loan = 2% of total loan maintained by the client after necessary payout (ex: closing costs, appraisals, title searches, etc.)
- **VI.** Split Funding (Merchant Services) = 3%

# Alternative Capital, Inc.

Initials:\_\_\_\_\_

Initials:\_\_\_\_

### COMMISSION PAYMENTS SCHEDULE A

### **VII.** DEBT CONSOLIDATION

PAID = 1% of amount settled or modified as residuals over six bi-weekly payments PAID = 2% of amount settled or modified in excess of \$500,000 in approved debt

### RECRUITMENT BONUS SCHEDULE B

### VIII. Every Referral who has recruited a Referral Partner/ISO

If the newly recruited Referral Partner/ISO has remained in good standing with Alternative Capital, Inc. for six months from his date of inception - e Referral Partner/ISO or Private Individual who did the recruiting will receive a \$1000.00 Bonus on the Newly Referral Partner/ISO's behalf. Recruiter does not have to be a Referral Partner himself/herself to be eligible for this bonus.

### VIII.

- A. Invoice Factoring -0.05% per week of client amount in residual Commissions
- **B.** Merchant Services -Activation \$100.00
- C. Commissions Payable Dates 15th & 30Th

Signature:	Date:	
Print Name:	Company of the local division of the local d	
Business Name:	10 mail 0	
Email Address:	3100	
Office Number:	100	
Mobile Number:	Carpon	

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Initials:

# SCHEDULE C

**IX.** All Referral Partners/ISOs must contribute to a minimum of two deals/month that were funded by Alternative Capital, Inc. If this minimum is not met, the Referral Partner/ISO will be informed that there will be a two week grace period to complete two deals, thus filling this requirement. If the Referral Partner/ISO has not met the minimum requirements, this agreement will be terminated.

In witness whereof, the below partners have agreed to a mutual partnership between Alternative Capital, Inc. and said ISO,

Alternative Capital	
Print Name:	
Title:	
Signature:	
Date:	
Referral Partn <u>er/ISA</u>	ative Capital, Inc.
Print Name:	
Title:	
Signature:	Contraction of the Contraction o
Date:	And a start of the

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# DIRECT DEPOSIT of COMMISSION AUTHORIZATION FORM

Referral/ISO Partner Name: \_\_

Тур	e of Authorization (Please Check One	e):	
	New Direct Deposit Authorization		Change of Bank

I authorize Alternative Capital, INC. to initiate direct deposit commission payments to account listed below.

I also authorize Alternative Capital, INC. to take back any paid commission to ISO/Referral Partner, if said client has defaulted within 60 days of being funded.

Bank Name:	Bank Address:
Bank Phone Number:	Type of Account:
Alternativ	e Capital, Inc.
Date:	Authorized Signature:
	A1777



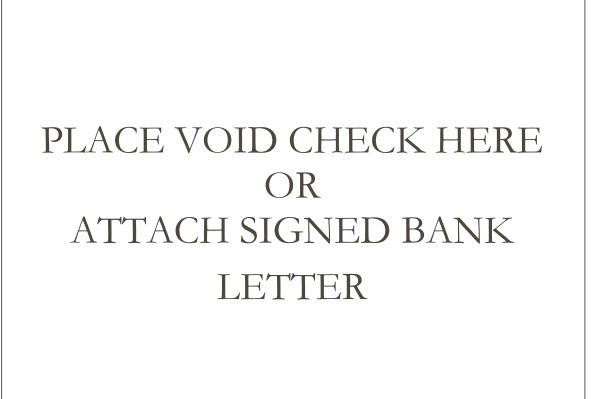
Initials:		

Initials:\_\_\_\_\_

\_\_\_\_\_ authorize Alternative Capital, INC. to use the

attached bank info to make my commission payments.

Signature:



Initials:\_\_\_\_\_

Initials:\_\_\_\_\_