

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

*Alternative Capital, Inc.*

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



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

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

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 – 15<sup>th</sup> & 30<sup>th</sup>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

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

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 Partner/ISA **Alternative Capital, Inc.**

\_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

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

DIRECT DEPOSIT of COMMISSION AUTHORIZATION FORM

Referral/ISO

Partner Name: \_\_\_\_\_

<b>Type of Authorization (Please Check One):</b>	
<input type="checkbox"/> New Direct Deposit Authorization	<input type="checkbox"/> 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:
Date:	Authorized Signature:

Alternative Capital, Inc.



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

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

I \_\_\_\_\_ authorize Alternative Capital, INC. to use the attached bank info to make my commission payments.

Signature: \_\_\_\_\_

PLACE VOID CHECK HERE  
OR  
ATTACH SIGNED BANK  
LETTER

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

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