

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: _____

Referral Partner Commissions

Referral Partner:

Referral Partner shall be paid within ten days, after client has been funded.

Commissions

Commission fees will be recouped from the referral partner, should their client default within 60 days following a paid commission.

Commission Payment Schedule A:

- 1st – 5th Client funded successfully within a calendar year 3% of the total amount funded.
- 6th -10th Client funded successfully within a calendar year 4% of the total amount funded.
- 11th- 15th Client funded successfully within a calendar year 5% of the total amount funded.

Referral Partner Print Full Name

Date

Referral Partner Signature

Date





Referral Partner Commissions

Referral Partner:

Referral Partner shall be paid within ten days, after client has been funded.

Commissions

Commission fees will be recouped from the referral partner, should their client default within 60 days following a paid commission.

Commission Payment Schedule B:

- Lines of Credit = 1/2% of the total loan disbursement
- Small Business Associations (SBA) = 1/2% of the total funded amount after the necessary payout (example -closing cost, appraisals, and title searches etc.)
- Split Funding = 2%
- Business Phone Lines = 10% monthly residuals
- ERC payouts = 2%

Referral Partner Print Full Name

Date

Referral Partner Signature

Date





Referral Partner Commissions

Referral Partner:

Referral Partner shall be paid within ten days, after client has been funded.

Commissions

Commission fees will be recouped from the referral partner, should their client default within 60 days following a paid commission.

Commission payment Schedule C:

- DEBT Consolidation – 1% of Debt approved for payoff.
- Invoice Factoring- Individual case by case basis
- Merchant Services – Activation \$100.00

Referral Partner Print Full Name

Date

Referral Partner Signature

Date

Business Name

Email address

Office Number

Mobile Number



Recruitment Bonus Schedule D

Alternative Capital, Inc.



Referral Partner:

Referral Partner shall be paid within ten days, after client has been funded.

Commissions

Commission fees will be recouped from the referral partner, should their client default within 60 days following a paid commission.

Commission payment Schedule D:

Newly recruited referral partners remaining in good standing with Alternative Capital that have been responsible for funding 20 opportunities within a calendar year, will receive a \$1,000.00 bonus after the recruit has completed their 20th deal.

You will receive your bonus only on the 15th or 30th following the 20th deal that have been funded.

Referral Partner Print Full Name Date

Referral Partner Signature Date



DIRECT DEPOSIT of COMMISSION AUTHORIZATION FORM

Referral/ISO
Partner Name: _____

Type of Authorization (Please Check One):

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:
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

Alternative Capital, Inc.



Initials: _____

Initials: _____