



REACT

P.O. Box 3717, Cuyahoga Falls, OH 44223
866-970-7999
info@REACTone.us

AGENCY MEMBER APPLICATION

As a member services organization, REACT would like to request continuous feedback from the industry as well as our members. If you feel any information on this application should not be required, or something should be added please contact us with your suggestions.

List the five most important issues you believe could help your business today.

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

To provide further detail please type on another document more information about each item. The more information you are able to provide the better we will be able to serve your company.

AGENCY INFORMATION:

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

Web Site: _____

Email address: _____

Business Type: Sole Proprietorship S-Corp C-Corp Partnership
 Limited Liability Company Limited Liability Partnership Other

Number of employees: _____ Field _____ Office _____ Other _____ Total

OWNERSHIP INFORMATION:

Provide the name and address of all parties with ownership in the business. You may use another sheet of paper to type this information and add it to the application.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

AGENCY PRIMARY CONTACT PERSON DATA:

Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____ - ____ (cell) Telephone: (____) ____ - ____ (home)

Fax Number: (____) ____ - ____ Email address: _____

OPERATIONS DATA:

Services You Currently Provided (check all that apply)

- Repossession Skip Tracing Towing Service
- Collections Auction Delivery / Transportation
- Private Investigation Asset Bids / Sales / Auction
- Other (describe) _____

Type of repossessions:

- Passenger Cars Motorcycles Trucks over 10,000 GVW Boats
- Airplanes RVs Personal watercraft Office Equipment
- Machinery
- Other (describe) _____

Year the business was started: _____

Year current ownership obtained a controlling interest: _____

Number of assignments during last 12 months: _____

States where operating: _____

Does your company provide contingent services? No Yes

Type of recovery vehicles the company operates:

(Provide year, make, model and type of tow unit)

Please provide a list of all recovery vehicles the company operates. You may also provide an equipment list on your company letterhead and attach them to the application.

1) _____	2) _____
3) _____	4) _____
5) _____	6) _____
7) _____	8) _____

What kind of clients does your company work for: (check all that apply)

- Banks, Credit Unions, and other financial institutions
- Car dealers (new, used, buy here-pay here and others)
- Independent leasing companies
- Private persons
- Other (please explain) _____

List all local, state and national trade associations your agency is a member of:

Please check mark beside the insurance coverage you currently have in place:

General liability Wrongful Repo Garage Liability

Commercial Auto Umbrella Workers' Comp

Excess Bond

Agent Name: _____ Email: _____

Agency Name: _____

Agency Phone: _____ Fax: _____

Carrier: _____

A copy of the company's current repossession license(s) (if required by your state) and insurance accord form are required to process this application.

ACKNOWLEDGMENT AND RELEASE

I hereby certify that:

- I have read and understand the REACT Code of Ethics and will abide by it and all other rules and regulations.
- I understand that until I receive written notice from REACT that I have officially been accepted as a Member, I may not and will not use the REACT name or logo to advertise or imply in any promotional material that I am affiliated with REACT. I fully understand and agree that if I violate this policy in any manner, I may be denied membership, suspended or expelled from REACT.

As a REACT Member, I agree to recover collateral in a professional manner consistent with REACT's Code of Ethics. I have read, accept and fully understand all statements in this application. I do hereby certify that all statements in this application are correct. I understand that any failure to comply with the above or falsification may exclude me from membership in REACT.

For and in consideration of the benefits provided to me by REACT, I hereby waive, release and forever discharge REACT, its officers, members, directors, servants, agents and employees, of and from all suits, claims, causes of action, damages, losses or injuries that I shall or may have for any reason or cause, including but not limited to those related to the implementation or enforcement of the REACT Code of Ethics, Membership Requirements and/or any other activities.

Unauthorized alterations or omissions found on this form, now or in the future, will void this application. Membership is non-transferable and non-refundable. Application processing fee is \$295 and is non-refundable. Please fill out the credit card form for payment or indicate that you will mail a check to our office. Payment for processing must be received prior to processing the application.

Applicant/Company Name

Signature of Applicant Representative

Date



REACT

AUTHORIZATION TO OBTAIN INFORMATION

As part of my company's application to become a member of REACT, I hereby authorize REACT to perform or obtain:

- 1) A personal criminal background check
- 2) A letter in good standing on the company from our primary bank
- 3) A letter of reference from the company insurance agent or agency
- 4) A letter of reference from our customers (you provide the contact information)

The information obtained by REACT will be used solely for the purposes of evaluating my application for membership and will not be used for any other purpose.

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License State of issue: _____

Driver's License Number: _____

Social Security Number: _____ - _____ - _____

Date of Birth: ____/____/____

Signed Name of Applicant

Date

Printed Name of Applicant



REACT

P.O. Box 3717, Cuyahoga Falls, OH 44223
 Phone: 866-970-7999 Fax 330-928-9719
info@reactone.us www.reactone.us

Member Credit Card Payment Information

Company Name: _____

Name on Card: _____

Card Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____ E-mail: _____

One Time Application Fee:	\$299	this is a one time charge for processing your application
Monthly Membership Fee:	\$99	or pay up front and save \$149 annually - \$1,039 a year
Each Additional Location Listing On Web Site:	\$49	per month or pay up front and save \$149 annually - \$439 a year each
Optional Annual One Million Bond Fee:	\$1250	NOT REQUIRED FOR MEMBERSHIP (Only if you need a bond)
2008 Annual Retreat:	TBD	(No More Than \$149 per member – location TBD by September 1, 2007)

REACT only accepts payment by credit card

Payment Method **Circle One**

Am Ex VISA MC			
Credit Card Number		Expiration Date	
Authorized Signature		Confirmation [OFFICE USE ONLY]	

This information will be placed on file and will be used for any transaction between your company and REACT (To Include Subsidiaries). It will remain confidential at all times and you can receive a receipt for all transactions by mail or email upon request.