

# Broker Packet

**Dash Point Financial Services, Inc.**

Tacoma, WA

Tel (866) 432-2408

Fax (253) 883 1834

Email: [jeff@DashPointFinancial.com](mailto:jeff@DashPointFinancial.com)

[www.DashPointFinancial.com](http://www.DashPointFinancial.com)

**REMINDER:**

**Only submit this packet with your first client referral.  
If you don't yet have a referral, do not submit this packet.**

# Dash Point Financial Services, Inc.

## **Broker Information and Guidelines**

**Dash Point Financial Services, Inc.** (DPF) welcomes the opportunity to work with independent brokers throughout the United States. Our industry niche is factoring smaller deals that larger institutional entities avoid. Firms with invoice volumes of under \$10,000 to start per month are preferred. We avoid construction, medical and transportation receivables. We welcome inquiries from service companies and manufacturing firms, including janitorial companies, temporary guard services, courier services, and companies doing business with utility companies and local, county, or state governments.

Our broker commissions are 15% of gross factoring fees, paid on the tenth of the month following payment of invoices. A Broker Report is available with each commission payment, provided online. Commissions are electronically deposited and may take a few days to appear in your bank account.

Please complete all forms in this packet including the ACH Direct Deposit Form. Include a voided check and fax all forms with your signature.

### **Simple steps to work a deal:**

- Broker finds an interested client
- Broker screens the client with the above DPF requirements (if in doubt, call)
- Broker works with client to fill out the online Application Form found on DPF's web site.
- Submit the completed form and prospect's aging report if available to DPF.
- Once final approval is made, set up documents signed, and the first invoice is verified, the client receives the advance.
- Monthly broker commissions are paid following customer payments.
- Every new schedule generates another commission for the Broker.

If you need help or assistance, don't hesitate to call.

## Broker Information

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email # \_\_\_\_\_

Web Site \_\_\_\_\_

*Check your business type & enter SS # or FEIN # as appropriate (required for tax reporting):*

Business Type  Individual  
 Sole Proprietor

Social Security # \_\_\_\_\_

Corporation  
 LLC  
 Partnership

Federal ID # \_\_\_\_\_

**If you don't yet have a referral, please do not yet send/email/fax this packet.**

Client/s referred: \_\_\_\_\_

\_\_\_\_\_

### Return these completed documents:

- **Broker Information** (1 page)
- **Broker Agreement** (2 pages)
- **ACH Direct Deposit Form** (1 page)

### Please return via fax or email to:

Dash Point Financial Services, Inc.

Fax: (253) 883 1834

Tel: (866) 432-2408

Email: [jeff@DashPointFinancial.com](mailto:jeff@DashPointFinancial.com)

Web Site [www.DashPointFinancial.com](http://www.DashPointFinancial.com)

## BROKER AGREEMENT

This Broker Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Dash Point Financial Services, Inc. whose business address is 6104 Browns Point Blvd. NE, Tacoma, WA 98422-1324 ("Factor"), and \_\_\_\_\_, whose business address is \_\_\_\_\_ (Broker).

1. Term. This Agreement will become effective on the date stated above and will continue in effect until terminated as provided hereinafter.
2. Services. Broker agrees to solicit new prospective commercial clients for Factor, to provide Factor completed document packages for Factor's evaluation and possible acceptance, in accordance with Factor's instructions to Broker and the terms and provisions of this Agreement.
3. Performance. Broker will determine solely the method, details and means of performing the above-described services. Broker may, at its expense, employ such assistants as Broker deems necessary to perform the services and Factor will not control, direct or supervise Broker's assistants or employees in any manner.
4. Compensation. In consideration for the services to be performed by Broker, Factor agrees to pay Broker fifteen (15%) percent of the gross fees which Factor collects, submitted or introduced by Broker to Factor, whether directly or indirectly, during the life of said account.

Payment shall be made at the beginning of each month for fees received and accrued during the previous calendar month. These payments shall be made only via electronic payments to the Broker's bank account. The Broker fee above is subject to ALL of the following conditions:

- (a) Broker provides Factor with a written introduction to a prospective Client on a form furnished or approved by Factor.
  - (b) Such Client has not previously submitted a written Application to Factor and/or has not previously factored accounts with Factor.
  - (c) As a direct result of "a" above, Factor and such Client both execute a Factoring Agreement.
  - (d) Factor purchases accounts from such Client (purchase shall be evidenced by issuance of payment by Factor to or on behalf of the Client for said accounts).
5. Broker's Obligations.
- (a) Extent of Services. Broker will determine what amount of time Broker devotes to the performance of the above described services. Broker may represent, perform services for, and be employed by, such additional factors, clients, persons or companies as Broker, in Broker's sole discretion, sees fit.
  - (b) Workers' Compensation. Broker agrees to provide workers' compensation insurance for Broker's employees and agents, if required, and Broker agrees to hold harmless and indemnify Factor from any and all claims arising out of any injury, disability or death of any of Broker's employees or agents.

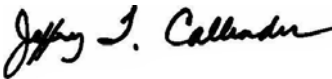
Initials: Broker: \_\_\_\_\_ Factor: *JJC*

- (c) Liability Insurance. The Broker shall, in his sole discretion, determine the necessity of obtaining and/or maintaining a policy of insurance to cover any negligent acts committed by Broker or Broker's employees or agents during the performance of any duties under this Agreement.
- 6. Independent Contractor. Broker is acting under this Agreement as an independent contractor and not as an employee or agent of Factor.
- 7. No Assignment. Neither this Agreement nor any duties or obligations under this Agreement may be assigned by Factor.
- 8. Termination. Notwithstanding anything herein to the contrary, either party may terminate this Agreement at anytime by giving ten (10) days prior written notice to the other party; however, Factor's obligation to pay Broker the percentage due of the gross fees of all invoices which Factor collects previously provided by Broker to Factor shall continue for the life of said account.
- 9. Entire Agreement. This Agreement supersedes any and all agreements, either oral or written, between the parties hereto with respect to the rendering of services by Broker to Factor and contains all of the agreements between the parties with respect to the rendering of such service. Both parties agree that no representations, inducements, promises, or agreements, oral or otherwise, have been made by any party or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained herein shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing and signed by both parties.
- 10. Venue. This Agreement shall be governed and construed in accordance with the laws of the state of Washington (notwithstanding conflict of law rules) and venue shall be proper only in the State courts located in Washington state.

Executed the day and year first above written at the city of Tacoma, state of Washington (Factor), and city of \_\_\_\_\_, state of \_\_\_\_\_ (Broker).

FACTOR:

Dash Point Financial Services, Inc.

By:   
 Jeffrey T. Callender  
 President

BROKER

\_\_\_\_\_

By: \_\_\_\_\_

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

Its Representative

FED ID # \_\_\_\_\_

SS # \_\_\_\_\_

# ACH Direct Deposit Form

Dash Point Financial Services, Inc.

866 432-2408 \* 253 444-1854 fax

- New service  
 Change in service

Company Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

FEIN #: \_\_\_\_\_

*Bank Information*

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Routing #: \_\_\_\_\_

Bank Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Phone: \_\_\_\_\_

I hereby authorize Dash Point Financial Services, Inc. to directly deposit my commissions in the account and financial institution named on this form. Furthermore, this authorization will remain in effect until I send written notification.

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

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

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