

Consultant Packet

Dash Point Financial Services, Inc.

Tacoma, WA

Tel (877) 620-3699

Fax (253) 883-1834

Email: jeff@DashPointFinancial.com

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.

Consultant Information and Guidelines

Dash Point Financial Services, Inc. (DPF) welcomes the opportunity to work with independent consultants 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 inquires 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 consultant commissions are 15% of gross factoring fees, paid on the tenth of the month following payment of invoices. A Consultant 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:

- Consultant finds an interested client
- Consultant screens the client with the above DPF requirements (if in doubt, call)
- Consultant 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 consultant commissions are paid following customer payments.
- Every new schedule generates another commission for the Consultant.

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

Consultant 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:

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

via fax or email to:

Dash Point Financial Services, Inc.

Fax: (253) 883-1834

Tel: (877) 620-3699

Email: jeff@DashPointFinancial.com

Web Site www.DashPointFinancial.com


CONSULTANT AGREEMENT

This Consultant 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 _____ (Consultant).

1. Term. This Agreement will become effective on the date stated above and will continue in effect until terminated as provided hereinafter.
2. Services. Consultant 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 Consultant and the terms and provisions of this Agreement.
3. Performance. Consultant will determine solely the method, details and means of performing the above-described services. Consultant may, at its expense, employ such assistants as Consultant deems necessary to perform the services and Factor will not control, direct or supervise Consultant's assistants or employees in any manner.
4. Compensation. In consideration for the services to be performed by Consultant, Factor agrees to pay Consultant fifteen (15%) percent of the gross fees which Factor collects, submitted or introduced by Consultant 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 Consultant's bank account. The Consultant fee above is subject to ALL of the following conditions:

- (a) Consultant 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. Consultant's Obligations.
- (a) Extent of Services. Consultant will determine what amount of time Consultant devotes to the performance of the above described services. Consultant may represent, perform services for, and be employed by, such additional factors, clients, persons or companies as Consultant, in Consultant's sole discretion, sees fit.
 - (b) Workers' Compensation. Consultant agrees to provide workers' compensation insurance for Consultant's employees and agents, if required, and Consultant agrees to hold harmless and indemnify Factor from any and all claims arising out of any injury, disability or death of any of Consultant's employees or agents.

Initials: Consultant: _____ Factor: 

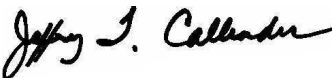
(c) Liability Insurance. The Consultant shall, in his sole discretion, determine the necessity of obtaining and/or maintaining a policy of insurance to cover any negligent acts committed by Consultant or Consultant's employees or agents during the performance of any duties under this Agreement.

- 6. Independent Contractor. Consultant 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 Consultant the percentage due of the gross fees of all invoices which Factor collects previously provided by Consultant 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 Consultant 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 _____ (Consultant).

FACTOR:

Dash Point Financial Services, Inc.

By: 

Jeffrey T. Callender
President

CONSULTANT

By: _____

Print Name: _____

Its Representative

FED ID # _____

SS # _____

ACH Direct Deposit Form

Dash Point Financial Services, Inc.
877 620-3699 * 253 883-1834 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: _____

Please attach a voided check