

KISS Concepts Group LLC
Business Development Manager Application
This Form Must be completed for this Enquiry to be processed

BDM / Agency Name:

Address: _____

City: _____ State: _____ Zip: _____

Web Site: _____ E-Mail: _____

Contact Person: _____ Title: _____

Office Phone Number: _____ Office Fax Number: _____

Cell Number: _____

Please check the type of business:

Sole proprietorship Social Security Number of Agency Owner: _____

Corporation Federal Tax ID: _____

If LLC, check one:

Partnership Corporation

Please list states in which state(s) you or your agency currently or will conduct business in.

Please attach a list of ALL programs/companies you currently represent, along with three (3) current client/dealer references.

By my signature below, I hereby authorize, without any reservation, any credit reporting agency, information service bureau, institution, attorney, or insurance company contacted by KISS Concepts Group, LLC or its agents, to furnish a credit report, other financial, credit or legal information, information concerning liens and judgments against me and other information requested and at any time relative to an ongoing business relationship until such time as Business Development Manager has satisfied its obligations under the Business Development Manager Marketing Agreement or until such time as the Marketing Agreement has been terminated.

This authorization is valid for purposes of verifying information given pursuant to business discussions or any other lawful purpose, including those covered under the Fair Credit Reporting Act. Upon written request, we will tell you whether we have obtained a credit report, and if so, the name and address of the credit reporting agency that provided it. By signing below, you certify that the information provided by you above is true, accurate and complete. The owner(s) signing below authorizes the KISS Concepts Group, LLC to use his/her personal information to respond to any application for its services and to determine each individual's financial status from credit reporting and/or other agencies, to conduct full background checks, and/or to investigate potentially fraudulent or questionable activities during the term of the Marketing Agreement. To that end, please provide the following information below:

DOB: _____ SS# _____ City/State of Residence: _____

Printed FULL Name of Signee

Title

Signature

Date

Please print, fill out, and e-mail this completed form to:
tarab@kissconceptsgroup.com or rodh@kissconceptsgroup.com