



EXHIBIT A

Corporate Name:

Location Name:

Physical Address:

City, State, Zip:

County/Parish:

Mailing Address:

City, State, Zip:

Location Phone: Location Fax:

Federal Tax Id #:

Contact Name & Title: Cell Phone#:

Primary Owner Cell#: E-mail:

Internet Connection: (Select One) Cable Dial-up DSL

Operating system : (Select One) Windows XP Windows Vista Windows 7

Hours of Collection: M-F Sat Sun

Driver's License Information:	State Issued	D. L. Number
Owner 1 Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2 Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 3 Name <input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 4 Name <input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Bank:

Account # Routing #

(OR) Same as Term ID #

Market Manager Notes: