

Alliance ACA  
ACA International

**Requirements for Consideration as an  
Endorsed Program**

(Return to [comm@acainternational.org](mailto:comm@acainternational.org))

Date:					
Name of Company:					
Address:					
City/State/Zip:					
Phone:		Fax:		E-mail:	
Name of Sales Representative:					
Title of Sales Representative:					

Are you a member of ACA International? ☐ Yes ☐ No

**DESCRIPTION OF YOUR PRODUCT OR SERVICE**

1. What product or service is your company offering?

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2. What special pricing and/or features will be offered to ACA members versus what is offered to other markets?

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**DESCRIPTION OF YOUR COMPANY**

3. How long has your company been in business? \_\_\_\_\_ years

4. How long has your company offered the proposed product or service? \_\_\_\_\_ years

5. What is the *primary* product or service provided by your company?

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6. Financial status of your company:

A. Please attach a copy of your audited financial statements from the past 3 years.

B. What is your nine-digit Dunn & Bradstreet DUNS® Number? \_\_\_\_\_

### AVAILABILITY OF YOUR PRODUCT OR SERVICE

7. Is your product or service available nationally? ☐ Yes ☐ No

8. Is your product or service available to members outside the United States? ☐ Yes ☐ No

(If yes, please list the countries where product or service is available.)

9. If your product or service is available nationwide, how will it be sold to ACA members (i.e., from a national office or local/regional offices)?

10. How is your product or service distributed?

### PRICING OF YOUR PRODUCT OR SERVICE

11. To what other markets is your product or service currently offered?

## STAFFING

12. How many full-time staff does your company employ?
13. How many people are assigned to the product or service you propose for Alliance ACA?
14. How many sales representatives are assigned to the product or service?
15. How many telemarketers, if any, do you employ (inbound versus outbound) to work on this particular product or service?
- Inbound  Outbound

## CLIENTS AND REFERENCES

16. List five references for your product or service—preferably ACA International members - below.  
You may list additional references if you would like on an attaches sheet.

Company Name:

Company Name:

Name of Contact:

Name of Contact:

Title:

Title:

Address:

Address

City/State/Zip:

City/State/Zip

Phone No.

Phone No.

Company Name:

Company Name:

Name of Contact:

Name of Contact:

Title:

Title:

Address:

Address

City/State/Zip:

City/State/Zip

Phone No.

Phone No.

Company Name:

Company Name:

Name of Contact:

Name of Contact:

Title:

Title:

Address:

Address

City/State/Zip:

City/State/Zip

Phone No.

Phone No.

## REVENUE

17. What revenue (percent and amount) are you proposing to pay to ACA International?

Percent  Amount: \$

On what is the percent and amount based?

18. ACA International Enterprises, Inc. requires up-front remuneration for the marketing and creative services provided to the program. Are you willing to agree to such a fee? ☐ Yes ☐ No

19. Estimate how much money ACA will make in each of the following years:

Year 1: \$  Year 2: \$  Year 3: \$

20. Provide details on how you've calculated the amounts cited in question 19 above:

21. Are you willing to pay ACA International a signing bonus? ☐ Yes ☐ No

If "yes," what amount are you willing to pay?

## TRACKING SYSTEM

22. What system(s) do you have in place to track usage of your product or service by ACA International's members? (Please provide details on how these transactions will be reported to ACA or how ACA will get credit for its members' usage of your product or service.)

23. What kind of reports can you generate on the usage of your product or service and how often will these reports be generated?

## MARKETING

24. How do you plan to market your product or service to ACA members?

25. What kind of marketing support and dollar resources does your company plan to provide to promote the program? (NOTE: ACA expects its partners to fund and administer the majority of the marketing efforts.)

26. Your company will be required to exhibit at ACA's Annual Convention and Expo. Will your company exhibit at or sponsor any other ACA meetings or events during the year if the product is endorsed by ACA?

A. Spring Forum Exhibit: ☐ Yes ☐ No Sponsor: ☐ Yes ☐ No

B. Fall Forum Exhibit: ☐ Yes ☐ No Sponsor: ☐ Yes ☐ No

C. ACA online seminars Sponsor: ☐ Yes ☐ No

D. ACA teleseminars Sponsor: ☐ Yes ☐ No

27. Will your company advertise in ACA publications if the product is endorsed by ACA?

☐ Yes ☐ No

## OTHER

28. Does your company have a written identity theft prevention program?

29. Have you had any lawsuits, complaints or infringement actions against your company regarding the product or service you are asking ACA to endorse?

☐ Yes ☐ No (If yes, please describe in detail)

**30. Have any of the company owners or officers been convicted of a crime or found liable in a civil action for actions or inactions that relate to credit or collection industry or vendor practices or procedures, including but not limited to: crimes related to the misuse of funds; fraud; forgery; embezzlement; tax evasion; identity theft; copyright, trademark or patent infringement; or any other theft or larceny within the past ten years?**

A. ☐ YES

B. ☐ NO

(If yes, please state the name of the individual, the date, the nature of the proceeding and the outcome.)

**32. Please provide any additional information that may be helpful in considering your program for ACA endorsement.** (Why your product or service is a unique and will benefit ACA members)