

LICENSING PROGRAM APPLICATION FORM

HIGHLY CONFIDENTIAL

PLEASE ANSWER ALL QUESTIONS. This is a not a contract. The information furnished on this form will be used for a suitability assessment of our program for the applicant. This information will be kept in the strictest confidentiality and will not be shared with anyone outside of our offices.

Please use the following abbreviations; N/APP= Not applicable, N/A= Not available where applicable.

The attachments required for processing this application are:

1. Personal or Business Financial Statements, with proof of liquidity
2. An Attest Letter from the accountant or firm who prepared the Financial Statements.

1. Objective:

Is this application for the S.T.A.R., Inc. Distributorship or Technology Licensing Program being filled out for an individual (personally) or is it for a business?

☐ Individual/Personal (pg 1-7)

☐ Business/Corporation (Pg 1, 8-11)

Applicants Full Name: _____

Name of Business/Company: _____

Address: _____

City: _____ State _____ Zip: _____

Telephone: (_____) _____ Primary Contact Person: _____

b. Market region you wish to serve, list the Country/States/Cities: _____

c. Where will the sealer plant (or distributorship) be located: _____

Note: If you are intend to explore this opportunity personally, please fill out the applicable sections below. DO NOT complete the Personal Section if you are exploring for a Business or Company you represent - skip to page 8 please.

2. Personal information

If there is more than one person who will be involved, please duplicate these pages and submit information for all persons/parties who will be involved.

A) Contact Information

Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Date of Birth: _____ Married/Single: _____

Spouse's name: _____

No. of Children, ages: _____

Social Security Number: _____ Citizenship: _____

Telephone: (_____) _____ Fax: (_____) _____

Cellular Phone: (_____) _____ Other Contact #: (_____) _____

Company E-mail Address: _____

Personal E-mail Address: _____

Website: _____

B) Education

Please list **all education AND special skills training**, starting from high school onwards, with name of schools, location, diploma/degree, and grade point averages earned.

Institution	City/State	Yrs. Attended	Degree	Grade Point

C) Professional and Business Experience

Please fill out the following section, even if you own your business. Start with most recent jobs.

1. **Employer:** _____

a. Your current position occupation: _____

b. How long in this position: _____

c. Description of duties: _____

d. Dates of Employment: _____

e. Reason for leaving: _____

2. **Employer:** _____

a. Your current position occupation: _____

b. How long in this position: _____

c. Description of duties: _____

d. Dates of Employment: _____

e. Reason for leaving: _____

D) Financial Information

Please summarize your personal financial position below:

Total of all personal assets: \$ _____

Total Personal liabilities: \$ _____

Personal net worth: \$ _____

Liquid Assets: \$ _____

Have you ever filed for personal bankruptcy ☐ **Yes** ☐ **No**

If "Yes" what year was the bankruptcy filed in: _____

Is this an endeavor you are planning on using your own capital for, or is there a major investor whom will be working with you? Please explain: _____

Do you own your home? ☐ **Yes** ☐ **No** Years of ownership: _____

E) Bank References:

1) Bank Name: _____

City/State _____

Officer to contact: _____ Telephone (_____) _____

2) Bank Name: _____

City/State _____

Officer to contact: _____ Telephone (_____) _____

3) Bank Name: _____

City/State _____

Officer to contact: _____ Telephone (_____) _____

F) Credit References:

1) Creditor Name: _____

City/State _____

Contact: _____ Telephone (_____) _____

2) Creditor Name: _____

City/State _____

Contact: _____ Telephone (_____) _____

3) Creditor Name: _____

City/State _____

Contact: _____ Telephone (_____) _____

G) Personal References:

1) Full Name of Reference: _____

City/State _____

Relationship: _____ Telephone (_____) _____

2) Full Name of Reference: _____

City/State _____

Relationship: _____ Telephone (_____) _____

3) Full Name of Reference: _____

City/State _____

Relationship: _____ Telephone (_____) _____

Is there anything you would like to say about yourself, or anything you think important that we know about you and your personal experiences? Please explain: _____

IMPORTANT - A detailed Personal Financial Statement MUST accompany this application along with an attest letter from the firm preparing those documents.

The undersigned guarantees that information submitted in this application are accurate with the intent that it be relied upon for granting the S.T.A.R., Inc. Distributorship or Technology License. Withholding any material information or misstatement may result in denial or termination of the S.T.A.R., Inc. Distributorship or Technology License and/or the credit terms granted to the Licensee. The undersigned agrees to notify S.T.A.R., Inc. of any alterations or modifications in his/her financial conditions and credit worthiness, immediately, in writing.

Applicant's Signature: _____ Date: _____

Full Name (Please Print): _____

- END OF PERSONAL INFORMATION SECTION -

QUALITY ▲ PERFORMANCE ▲ VALUE ▲ INNOVATION ▲ SERVICE

Note: Complete the following section *ONLY* if you are applying as a Business or Company you represent. If you *ARE* representing a Business or Company, please fill out the applicable sections below.

3. Business/Corporation Information

A) Company/Contact Information

Name of Corporation: _____

D.B.A.: _____

Form of Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Corporation

Federal Tax ID #: _____ (Subsidiary of: _____)

Full Name of Owners or Officers:

Headquarters Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Fax: _____

Web Address: _____

How many years in business: _____

How many employees: _____ How Many Locations: _____

City and States in the USA other locations are in: _____

Are any of the locations outside of the United States? ? ☐ Yes ☐ No

If Yes, where are the city and countries of these locations:

What kinds of products and services does your company provide: _____

Are you a Primary Decision maker for the company? ☐ **Yes** ☐ **No**

If no, whom will be responsible for making the final decision on the financial obligations:

B) Company Financial Information

Please summarize the company's financial position below:

Total of all assets: \$ _____

Total of all liabilities: \$ _____

Company net worth: \$ _____

Liquid Assets: \$ _____

Has the company ever filed for bankruptcy protection ☐ **Yes** ☐ **No**

If "Yes" what year was the bankruptcy filed in: _____

Is the company planning on using its own capital for this opportunity, or is there a major investor whom will be working with it? Please explain: _____

Does the company own it's own building? ☐ **Yes** ☐ **No**

Number of years of ownership for that building: _____

Company Bank References:

- 1) Bank Name: _____
City/State _____
Officer to contact: _____ Telephone (_____) _____
- 2) Bank Name: _____
City/State _____
Officer to contact: _____ Telephone (_____) _____
- 3) Bank Name: _____
City/State _____
Officer to contact: _____ Telephone (_____) _____

Company Credit References:

- 1) Creditor Name: _____
City/State _____
Contact: _____ Telephone (_____) _____
- 2) Creditor Name: _____
City/State _____
Contact: _____ Telephone (_____) _____
- 3) Creditor Name: _____
City/State _____
Contact: _____ Telephone (_____) _____

Is there anything you think important that we know about this company? Please explain:

**IMPORTANT - A detailed copy of the company's most current Financial Statements
MUST accompany this application along with an attest letter from the
firm preparing those documents..**

The undersigned guarantees that information submitted in this application are accurate with the intent that it be relied upon for granting the S.T.A.R., Inc. Distributorship or Technology License. Withholding any material information or misstatement may result in denial or termination of the S.T.A.R., Inc. Distributorship or Technology License and/or the credit terms granted to the Licensee. The undersigned agrees to notify S.T.A.R., Inc. of any alterations or modifications in his/her financial conditions and credit worthiness, immediately, in writing.

Applicant's Signature: _____ Date: _____

Name: _____ Title: _____

Company: _____

- END OF APPLICATION -