



This application will help us to evaluate your potential for our Partners Program. The information that you provide is kept completely confidential and does not obligate either you or Vertical Alliance Group, Inc. in any way. We may request additional information from you, should our mutual interests develop further. Thank you again for your time and consideration of our Program.

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

Email _____ Birth Date _____

Education _____

Have you ever operated your own business before? Please explain: _____

Why do you feel that you would be a good fit with our Partners Program? _____

Do you have a home office? _____ Computer? _____ Fax? _____ Broadband Internet? _____

If you were accepted into our Program, when would you plan to start? _____

Do you have the necessary capital to start-up this business? _____ If "no", how do you plan to obtain? _____

How did you hear about Infinet-i™ and our Partners Program? _____

Please rate your level of interest in our Partners Program on a scale of 1 to 10, 10 being the highest: _____

Please share your Business Experience (use "Additional Comments" on back side if necessary, and/or attach your resume/vitae: _____

How would you rank your level of business experience on a scale of 1 to 10, 10 being the highest? _____

How would you rate your verbal communication skills on a scale of 1 to 10? _____

What is your skill level in the use of computers and the internet on a scale of 1 to 10? Computer _____ Internet _____

Are you currently employed? _____ Current annual gross household income: _____

Spouse's Occupation: _____ Net worth of you and your spouse: _____

If accepted, will you work this Program Full or Part-Time? _____ Will you have a partner or hired assistant(s)? _____

If currently employed, how many hours per week will you devote to this Program? _____

What is it about our Partners Program that you find the most attractive? _____

Least attractive? _____

In what profession(s) or industry (ies) do you have the most experience? _____

What is your first year income goal? _____ Second year? _____

Are you interested in speaking with current Program Partners? _____

Additional comments/questions: _____

Confidential Information Agreement: I understand that any conversations between Vertical Alliance Group, Inc. and myself regarding their Partners Program are confidential and I agree to keep strictly confidential any and all commercially viable information proprietary to Vertical Alliance Group, Inc. and/or companies that are associated with Vertical Alliance Group, Inc., including information about business practices and operations of Vertical Alliance Group, Inc. Partners, and I will not, without Vertical Alliance Group, Inc.'s written consent, disclose such information to third parties and I will take all reasonable steps to preserve the confidentiality of such Vertical Alliance Group, Inc. information.



Signature: _____

Date: _____

Please FAX this Application to: 903.792.3707, ATTN: Randy Sturdivant
OR

Mail to: Vertical Alliance Group, Inc. • 4508 Texas Boulevard • Texarkana, TX 75503 ATTN: Randy Sturdivant