

RAM Supply Chain, LLC US AFFILIATE APPLICATION

Each owner, partner, member and shareholder associated with each purchase of the license must complete an Affiliate Application.

What first prompted you to inquire about the RAM Supply Chain Affiliate License opportunity?

- Television Ad
 Newspaper
 Internet
 Direct Mail
 Other _____

SECTION 1

CONTACT INFORMATION

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____ E-MAIL _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

Are you married? Yes No If Yes, spouse's name _____

Will you have other owners/partners? Yes No I don't know If Yes, partners name(s) _____

In which state would you like to operate your business?

SECTION 2

EMPLOYMENT Are you: Unemployed or Retired (If so, and skip to section 3.)

Are you: Self employed or Employed (If so, check the box and complete the following information.)

NAME OF COMPANY/EMPLOYER	POSITION	TYPE OF BUSINESS
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SECTION 3

FINANCIAL INFORMATION

Total Liquid Assets available (e.g. cash, stocks, bonds, mutual funds) A \$ _____ , _____ , _____ .

Total Tangible Assets (e.g. house, car, business, etc.) B \$ _____ , _____ , _____ .

Total Assets (sum of A + B) C \$ _____ , _____ , _____ .

Total Liabilities D \$ _____ , _____ , _____ .

Total Net Worth: Assets minus Liabilities (subtract C - D) A \$ _____ , _____ , _____ .

SECTION 4

PERSONAL INFORMATION

1 Have you ever filed for bankruptcy? If yes, identify discharge date _____ Yes No

2 Have you ever been convicted of a felony? Yes No

3 Are you or anyone in your immediate family a partner or owner (partial or otherwise) of a management consulting firm? Yes No

If yes, list name of business and family relationship: _____

4 Are you or anyone in your immediate family employed by a management consulting firm? Yes No

If yes, list name of employer and family relationship: _____

5 Are you or anyone in your immediate family currently under any form of non-competition agreement? Yes No

If yes, list name and type of other business: _____

6 Are you interested in a (Managing Partner) Territory Investment? Yes No

If yes, which state(s) are you interested?

SECTION 5

OTHER

1 Are you a US Citizen? Yes No

If no, what country?

2 I have sufficient funds to maintain my current lifestyle without funds allocated for development of my consulting business? Yes No

If yes, for how long? _____

3 I understand that if financing is required to open my consulting business it is my sole responsibility to obtain the financing. Yes No

4 I understand that I may be required to take a designated skills test? Yes No

SECTION 6

OTHER

I understand that the acceptance of this Affiliate Application by RAM Supply Chain, LLC or any of its affiliates (collectively "RAM") does not constitute the grant of a license agreement, I understand that RAM grants Affiliate Licenses only by executing written affiliate license agreements. By signing below, I authorize RAM and its assignees to start an investigative consumer report (including information as to my character, General reputation, personal characteristics and mode of living) and credit investigation based on the information voluntarily provided by me and warrant that all information provided is true and accurate. I understand that I have a right to request that RAM make a complete and accurate disclosure of the nature and scope of each investigation. RAM may obtain my credit report in connection with this application. This is my authorization to credit reporting agencies, bank(s), creditors and suppliers to release to RAM, and to RAM to release to such parties, all information requested regarding my depository loan or other credit information including, without limitation, financial information, by telephone or in writing as part of the normal credit evaluation process. I release my bank(s), creditors, suppliers and RAM from all liability with respect to the release of any such requested information. Authorization is granted to use photo or fax copies of my signature to obtain information. If I am requesting that RAM make a credit determination based on my creditworthiness combined with any co-applicants, I authorize RAM to discuss any derogatory credit items with such co-applicants. I understand that RAM may, at any time, require that I sign an updated application or provide updated information. I acknowledge that I have read, and hereby agree to be bound by the Confidentiality and Non-Disclosure provisions which appear on the reverse side of this Application.

DATE _____ PRINT NAME (FIRST, MIDDLE, LAST) _____ SIGNATURE (IN INK) _____