



# Sale Agreement

|  |  |   |
|--|--|---|
| Name: First _____ Full Middle _____ Last _____   |  |   |
| Preferred Name _____   | SSN# _____ - _____ - _____                                       | Or EIN# _____ - _____ - _____                                   |
| Previous Sales Company: _____  | <input type="checkbox"/> Male<br><input type="checkbox"/> Female | Date of Birth: _____ Place of Birth: _____                      |
| Previous Sales Experience: <input type="checkbox"/> Dish <input type="checkbox"/> Satellite <input type="checkbox"/> Alarms <input type="checkbox"/> Pest <input type="checkbox"/> Other _____                   |  |   |
| Current <input type="checkbox"/> same as permanent   |  |   |
| Address: Street _____ City _____ State _____ Zip _____   |  |   |
| Permanent Address: Street _____ City _____ State _____ Zip _____   |  |   |
| Home: (____) _____<br>Cell: (____) _____   | Email Address: _____   | Cell Provider: _____  |
| Are you a College Student?<br>Yes or No<br>College _____   | Starting Date: _____<br>Ending Date: _____                       | Shoe Size: _____<br>Pant Size: Length _____<br>Waist Size _____ |
| Shirt Size: <input type="checkbox"/> Extra Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large <input type="checkbox"/> XXL |  |   |

**PERSONAL PROFILE**

|   |                             |                  |
|---|-----------------------------|------------------|
| Height: _____   | Weight: _____               | Hair: _____      |
| Eye: _____  | Driver License State: _____ | Ethnicity: _____ |
| Driver License #: _____   | Emergency Contact: _____    |                  |
| Emergency Number: (____) _____  |                             |                  |
| Company/LLC. Name: _____  |                             |                  |
| Company/LLC. Tax ID: _____  |                             |                  |
| Have you ever been arrested, charged, or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No |                             |                  |

**ADMIRAL EMPLOYMENT HISTORY**

|   |
|---|
| If so what is your badge Number? <input type="text"/>   |
| Have you ever been a Manager Before? <input type="checkbox"/> Yes <input type="checkbox"/> No |

\* Note, all in BLUE, must be filled out.

|            |       |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|

# Authorization for Direct Deposit - Employee Form

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

**Note:** Enter your company name in the blank space above.

## Account #1

Account #1 Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

## Account #2 (remainder to be deposited to this account)

Account #2 Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

*Please attach a voided check for each account here.*

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Date

**IMPORTANT:** This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Employee: Please fill out and return to your employer.**

**Employer: Please save for your files only.**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9

OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

|   |  |                         |              |                |                           |          |
|---|--|-------------------------|--------------|----------------|---------------------------|----------|
| <b>Section 1. Employee Information and Attestation</b> <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i> |  |                         |              |                |                           |          |
| Last Name (Family Name)   |  | First Name (Given Name) |              | Middle Initial | Other Names Used (if any) |          |
| Address (Street Number and Name)  |  | Apt. Number             | City or Town |                | State                     | Zip Code |
| Date of Birth (mm/dd/yyyy)  | U.S. Social Security Number  | E-mail Address          |              |                | Telephone Number          |          |
|   | <input type="text"/> - <input type="text"/> - <input type="text"/> |                         |              |                |                           |          |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

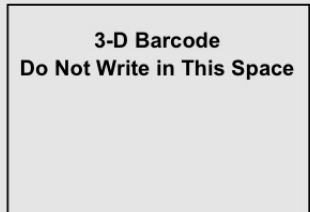
- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

|                        |                    |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|                                      |  |                         |       |          |
|--------------------------------------|--|-------------------------|-------|----------|
| Signature of Preparer or Translator: |  | Date (mm/dd/yyyy):      |       |          |
| Last Name (Family Name)              |  | First Name (Given Name) |       |          |
| Address (Street Number and Name)     |  | City or Town            | State | Zip Code |



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity  | AND | List C<br>Employment Authorization    |
|---|----|---|-----|---------------------------------------|
| Document Title:                                 |    | Document Title:   |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority:  |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number:  |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):   |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:                                 |    | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode<br/>Do Not Write in This Space</b></p> </div> |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |
| Document Title:                                 |    |   |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

|  |  |                         |  |          |
|--|--|-------------------------|--|----------|
| Signature of Employer or Authorized Representative                   |  | Date (mm/dd/yyyy)       | Title of Employer or Authorized Representative |          |
| Last Name (Family Name)  |  | First Name (Given Name) | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town            | State  | Zip Code |

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

|   |   |   |
|---|---|---|
| <b>Print or type<br/>See Specific<br/>Instructions on page 2.</b> | Name (as shown on your income tax return)   |   |
|   | Business name/disregarded entity name, if different from above  |   |
|   | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate |   |
|   | <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  |   |
|   | <input type="checkbox"/> Other (see instructions) ▶ _____   |   |
| Address (number, street, and apt. or suite no.)                   |   | Requester's name and address (optional) |
| City, state, and ZIP code   |   |   |
| List account number(s) here (optional)                            |   |   |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| Social security number |  |  |  |   |  |  |   |  |  |
|------------------------|--|--|--|---|--|--|---|--|--|
|                        |  |  |  | - |  |  | - |  |  |

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number |  |   |  |  |  |  |  |  |  |
|--------------------------------|--|---|--|--|--|--|--|--|--|
|                                |  | - |  |  |  |  |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

|                  |                            |        |
|------------------|----------------------------|--------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Instructions - Please complete all fields**

- Complete Employee Information Section
- Provide Name, Address, and phone number for two emergency contacts Under Contact Info.
- Sign the completed form and turn in to your supervisor
- Complete a new form when any of the information provided changes
- A copy of this will be kept at the office in the Employee File.

**Employee Information**

|                             |                                    |
|-----------------------------|------------------------------------|
| <b>Employee Name:</b>       | <b>Company:</b> Admiral Power LLC. |
| <b>Title:</b>               | <b>Company Address</b>             |
| <b>Home Address Street:</b> | <b>Street:</b> 21927 Katy FWY      |
| <b>City:</b> <b>State:</b>  | <b>City:</b> Katy                  |
| <b>Zip:</b>                 | <b>State:</b> TX                   |
|                             | <b>Zip:</b> 77450                  |
| <b>Home Phone:</b>          | <b>Work Phone:</b>                 |

**Contact Info**

|                       |                    |                      |             |
|-----------------------|--------------------|----------------------|-------------|
| <b>First:</b>         | <b>Last:</b>       | <b>Relationship:</b> |             |
| <b>Street Address</b> | <b>City:</b>       | <b>State:</b>        | <b>Zip:</b> |
| <b>Home Phone:</b>    | <b>Work Phone:</b> |                      |             |

|                       |                    |                      |            |
|-----------------------|--------------------|----------------------|------------|
| <b>First:</b>         | <b>Last:</b>       | <b>Relationship:</b> |            |
| <b>Street Address</b> | <b>City</b>        | <b>State</b>         | <b>Zip</b> |
| <b>Home Phone:</b>    | <b>Work Phone:</b> |                      |            |

EmployeeSignature: \_\_\_\_\_

Date: \_\_\_\_\_