



STT SECURITY SERVICES

NEW BUSINESS Referral Program

Help STT create NEW jobs and opportunities in your area!



\$10 per qualifying lead* - just for turning it in...

PLUS a BONUS = to 1/2 a week's invoice to client if we gain the business!

ex: account needs 1 person 24/7, billed at \$15/hr you'd get a check for \$1,260.00!!!

**Email or call in leads/information to:
Calvin Rusch - Business Development Manager
989-773-4563 x 130 / calvin@sttsecurity.com**

STT, INC. New Business Referral Form

Referring Employee Information:

Name: _____ Date: _____ Email: _____

Work Site & Position: _____ Phone Number: _____

Information on Business Being Referred to STT by you:

Company Name: _____ Phone Number: _____

Contact Name: _____ Position/Title: _____

Address: _____

Services Used: _____

Additional Notes: _____

TERMS

An additional BONUS per referral incentive of \$10 will be given to those leads which meet these criteria/terms and in which the potential client responds to the marketing department. This is in ADDITION to the percentage of invoice BONUS stated below for contracted service.

1. All leads must be submitted on the appropriate form. The Referral Form **MUST** be sent to the corporate office, and **MUST** be completely filled out (if using the electronic version your typed name and initials will act as your electronic signature). If the referral is accepted by the company (meets terms), the confirmation portion of this form will be completed by the marketing department. The form will then be returned to the individual who submitted it acknowledging the company has accepted the referral under the Client Referral Program. Referrals will be required to have a confirmation completed in order for the client referral to be paid out.
2. At the time the employee submits the lead, they must know the potential client is currently using this type of service and the name of the individual given as a contact is the person controlling the purchasing of the services for their employer.
3. **UNIFORM OFFICER SERVICE:** After the company has received payment from the client for the first six weeks of coverage for a verified and accepted referral, the individual who made the accepted referral will receive an amount equal to 1/2-weeks average invoice during the first (6) six weeks of coverage. Payments due in excess of \$1,000.00 may be paid, at the company's discretion, in bi-weekly (every other week) installments until paid in full. Client Referrals will be paid for accounts who sign at minimum a 1-year contract for services that is equal to or in excess of 40 hours per week. If a referral is received and accepted by the company, and the client does not agree to/or fails to fulfill the minimum number of hours or a year of service, no client referral will be paid.
4. **ALL OTHER BUSINESS:** Reward will be paid as a percentage of the first paid invoice. The amount will be determined at the discretion of the president depending on the frequency and volume of service.
5. The referral reward will be based on the actual contract services provided and paid for by the client, and not necessarily on the total invoice amount (ie. amounts for mileage, per diem's or anything where the company is merely billing the client for actual expenses will not be included when determining how much the employee will be paid).
6. New and/or additional business from current clients is not eligible for referral reward.
7. To receive payment for any rewards, the individual must present a copy of this form requesting to be paid for a client referral that has met the provisions listed above and/or determined by the company; and must be employed by the company at the time of payment. STT Inc corporate staff does not qualify for referral incentives or rewards.

Mail, Email or Fax Form to the STT Corporate Office (email preferred)

1600 N. Mission

Mt. Pleasant, MI 48825

989-773-4563 ext. 130

Fax: (989) 772-9323

calvin@sttsecurity.com

Acceptance of Referral - To Be Completed by Corporate Business Development

Accepted Referrals will not be paid unless all terms stated above are met. It is the responsibility of the individual making the referral to request payment under this plan. Please present a copy of this accepted form to the corporate office if questions arise.

Signature: _____ Date: _____