



Tax Resolution Referral Program Enrollment Form

THIS TAX RESOLUTION SERVICES AGREEMENT ("AGREEMENT") IS BEING PROVIDED TO YOU, THE UNDERSIGNED PARTICIPANT, ("PARTICIPANT") AS PART OF THE ENROLLMENT PROCESS WITH DM3 VENTURES, INC. D/B/A WHITEWOOD SOLUTIONS ("WHITEWOOD SOLUTIONS") AND SETS FORTH YOUR RIGHTS AND OBLIGATIONS UNDER THE TAX RESOLUTION SERVICES REFERRAL PROGRAM. YOU MUST AGREE TO THE FOLLOWING TERMS AND CONDITIONS BEFORE YOU CAN BE ACCEPTED INTO THE PROGRAM. SIGNING THIS AGREEMENT DOES NOT AUTOMATICALLY QUALIFY YOU TO OFFER THE PROGRAM, NOR DOES IT OBLIGATE WHITEWOOD SOLUTIONS TO MAKE THE PROGRAM AVAILABLE TO YOU. PLEASE READ CAREFULLY.

By enrolling in this program, you understand that Whitewood Solutions will pay you 10% of all fees collected by any referral that you send to us as long as that referral enrolls in our Resolution Package Service Program.

The commissions are paid on collected fees only and are paid to you as follows:

- \$100 is paid as soon as the referred client makes their initial payment to Whitewood Solutions
- The entire remaining balance of the commission amount due will be issued to the Participant within 30 days of the referred client's final payment per their signed agreement

The rules of participation are as follows:

1. You will not discuss pricing to the referral at all
2. You will not discuss any resolution outcome other than the (4) relief programs of PPIA, OIC, CNC or IA
3. You will provide a signed IRS Form 2848 and a referral sheet to Whitewood Solutions upon submission
4. You will explain to referral that it will take 5-7 business days to be contacted by Whitewood Solutions
5. You will explain if a certified letter or an actual levy is received that the referral should call 1-800-371-1439

By placing your signature below, you are agreeing to the terms outlined above as well as you are agreeing to our Arbitration Terms and Conditions which are available to you on our website.

Initial Here: _____

Participant Information:

Name of Participant: _____ EIN#: _____ - _____
Address: _____ City: _____ ST: _____ Zip: _____
Email Address: _____ Cell#: _____

Deposit Information for Commission Payments:

Bank Name: _____ City: _____ ST: _____
Routing Number: _____ Account Number: _____
Name on Account: _____

*Provide a VOID Check To Prevent Any Issues As We Are Not Responsible If This Information In Incorrect Without a Void Check

Signature: _____ Date Signed: _____