

Ceto and Associates' Client Referral Program
Financial Institution Registration Form

Yes, our financial institution would like to register in the Ceto and Associates Client Referral Program:

Name of Institution/Organization: _____

Street Address: _____

City & State: _____ Zip: _____

Name & Title of Officer: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Ceto and Associates will make referral payments generally within 30 days after the funds are received. Under our current program, referrers will receive 10% of the professional fees received from Deposit Reclassification with a cap of \$2,000; 10% of the first year's professional fees received from C³ Financial (Ceto Cash Calculator) with a cap of \$2,000; and 5% of the professional fees received for Consulting Services with a cap of \$5,000. For more details concerning this referral program, please visit our website at www.ceto.com or contact Robert Monteith, Vice President, at 866.227.1361 x249 or rmonteith@ceto.com.

We look forward to having you participate in this referral program. Please complete the information below for your first referral!

Solution type (Please Circle): Deposit Reclassification C³ Financial Consulting Services

Name of Institution: _____

City & State: _____

Name of Person to Contact: _____

Telephone Number: _____

Thank you!

Return this to:
Ceto and Associates • 3325 Paddocks Parkway, Suite 400 • Suwanee, GA 30024
or fax to: 678-297-1127