

## **Broker Application**

| Account Executive:   |                             | -                                    |                            |
|--|-----------------------------|--------------------------------------|----------------------------|
| COMPANY INFORMATION  |                             |                                      |                            |
| Company Name:  |                             | Date Forme                           | ed:                        |
| Doing Business As (DBA):   |                             | State of Corporation:                |                            |
| Business Address:  |                             | Number of Employees:                 |                            |
| City, State, Zip:  |                             | Number of Loan Originators:          |                            |
| Phone:   |                             | Business Classification (Check One): |                            |
| Facsimile:   |                             | Sole Proprietorship                  |                            |
| Email Address:   |                             | Partnership                          |                            |
| Company Website:   |                             | C-Corporation                        |                            |
| Company NMLS ID:   |                             | S-Corporation                        |                            |
| How Long Originating Loans:  |                             | Limited                              | Liability Company (LLC)    |
|  |                             |                                      |                            |
| CONTACTS   |                             |                                      |                            |
| Please provide information for any and all of holding 10% or greater must provide ALL in Information.  Name: Phone Number: | nformation and execute this | package, specifically the            | e Authorization to Release |
| Name:  | Title:                      | Percent Owned:                       | % Years in Industry:       |
| Phone Number:  |                             | Email Address:                       |                            |
| List of Key Operation Individuals (if applicable)  |                             |                                      |                            |
| Processing:  | E-mail                      | :                                    | Phone No:                  |
| Secondary Marketing:   | E-mail                      | :                                    | Phone No:                  |
| Underwriting:  | E-mail                      | :                                    | Phone No:                  |
| Compliance:  | E-mail                      | :                                    | Phone No:                  |
| Quality Control:   | E-mail                      | :                                    | Phone No:                  |
| Accounting:  | E-mail                      | :                                    | Phone No:                  |
|  |                             |                                      |                            |