

# MORTGAGE BROKER APPLICATION

*The applicant named below is applying for approval as a Mortgage Broker to DFI Capital and its affiliates.*

Legal Name of

Firm: \_\_\_\_\_

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

Tax ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Organized and existing under the laws of (State): \_\_\_\_\_

Organized on (Date): \_\_\_\_\_

Choose one: Sole Proprietorship          Partnership          Corporation

Licensed to originate mortgage loans within the state(s) of: \_\_\_\_\_

Licensee: \_\_\_\_\_ Lic. #: \_\_\_\_\_

What percentage of the ownership in the company is held by licensee? \_\_\_\_\_

Is there any pending litigation with the Principals or Company? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Has your firm or licensee had any formal complaints filed against it with the state in the past three years? If yes, explain: \_\_\_\_\_

List primary owners and loan officers:

Name:	Title:	% Owned:	Email:
Name:	Title:	% Owned:	Email:
Name:	Title:	% Owned:	Email:
Name:	Title:	% Owned:	Email:

Additional branch locations:

Address: \_\_\_\_\_

Branch Manager: \_\_\_\_\_ Telephone: \_\_\_\_\_

Ancillary Businesses (Please provide the name and required information for all ancillary businesses in which you have any ownership interest):

Business Name 1: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

How long in business? \_\_\_\_\_ Services provided? \_\_\_\_\_

Business Name 2: \_\_\_\_\_ Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

How long in business? \_\_\_\_\_ Services provided? \_\_\_\_\_

I wish to receive valuable product information and notices by email: YES NO

I wish to receive valuable product information and notices by fax: YES NO

By my signature on this application, I certify I am duly authorized to grant consent on behalf of the firm named herein to receive product information and feature notices via fax and emails sent by or on behalf of DFI Capital and its affiliates to the fax number and email address specified herein, and that this consent shall remain in force until withdrawn in writing. I authorize DFI Capital to obtain credit information as part of the approval process.

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Officer Signature	Typed Name	Title
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Name of Firm	Date
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Please provide the following as attachments:

- Resume
- Copy of broker's license (office and personal/individual license)
- Copy of fictitious business name, if sole proprietorship or partnership
- Signed Broker Agreement