

## National Wholesale Division Broker Application

<b>Company Name</b>			
<b>DBA Name (If applicable)</b>			
<b>Street Address</b>			
<b>City, State &amp; Zip</b>			
<b>Main Office Address (per license)</b>			
<b>Primary Broker Contact Name</b>		<b>E-Mail Address</b>	
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Accounting/License Information</b>			
<b>Company Type (Check ONE)</b>	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (Individual)	<b>Company in business since (MM/YY)</b>	
<b>1099 Tax Name (Consistent w/W-9)</b>			
<b>Federal Tax I.D. Number</b>		<b>OR Social Security Number</b>	
<b>Broker of Record</b>		<b>License Number</b>	
<b>State of License</b>		<b>License Number</b>	
<b>State of License</b>		<b>License Number</b>	
<b>Any ownership interest in a Title Company?</b>	<input type="checkbox"/> YES  <input type="checkbox"/> NO	<b>If YES, indicate company name and address</b>	
<b>Other company names and/or license numbers</b>			

<b>Principal Officers</b> <i>(Resumes must be provided for each principal listed below)</i>			
<b>Name (First, MI, Last)</b>			
<b>Title</b>		<b>Social Security Number</b>	
<b>Name (First, MI, Last)</b>			
<b>Title</b>		<b>Social Security Number</b>	
<b>Name (First, MI, Last)</b>			
<b>Title</b>		<b>Social Security Number</b>	
<b>Branch Offices</b>			
<b>Branch Street Address</b>			
<b>City, State &amp; Zip</b>			
<b>Primary Branch Contact Name</b>			
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Branch Street Address</b>			
<b>City, State &amp; Zip</b>			
<b>Primary Branch Contact Name</b>			
<b>Phone Number</b>		<b>Fax Number</b>	

Business References			
<i>(Preferably other lenders your company is submitting loans to - minimum five (5) references)</i>			
Company Name			
City & State			
Phone Number		Contact Person	
Company Name			
City & State			
Phone Number		Contact Person	
Company Name			
City & State			
Phone Number		Contact Person	
Company Name			
City & State			
Phone Number		Contact Person	
Company Name			
City & State			
Phone Number		Contact Person	

**Declaration and Authorization**

Each of the undersigned declares that the foregoing information and all accompanying information are true to the best of his or her knowledge and belief. **Classic Home Financial, Inc.** is hereby authorized to obtain verification of information from any source named herein *(including character, business references and personal credit bureau reports)* in connection with this broker application and subsequent annual renewals. A photographic copy of this authorization may be used as a duplicate original. **Classic Home Financial, Inc.** will treat the information as confidential.

*All principal officers should sign and date below*

<b>Signature</b>			
<b>Name (print)</b>		<b>Date</b>	
<b>Signature</b>			
<b>Name (print)</b>		<b>Date</b>	
<b>Signature</b>			
<b>Name (print)</b>		<b>Date</b>	

