



**AFFILIATED MORTGAGE COMPANY**  
*Wholesale / Mini Correspondent*

NATIONAL WHOLESALE DIVISION BROKER APPLICATION			
DBA Name (If applicable)			
Street Address			
City, State & Zip			
Main Office Address (per license)			
Primary Broker Contact Name		E-Mail Address	
Phone Number		Fax Number	
Accounting/License Information			
Company Type (Check ONE)	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor (Individual)		Company in business since (MM/YY)
1099 Tax Name (Consistent W-9)			
Federal Tax I.D. Number		OR Social Security Number	
Broker of Record		License Number	
State of License		License Number	
Any ownership interest in a Title Company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, indicate company name and address	
Other company names and/or license numbers			
Principal Officers <i>(Resumes must be provided for each principal listed below)</i>			
Name (First, MI, Last)			
Title		Social Security Number	
Name (First, MI, Last)			
Title		Social Security Number	
Name (First, MI, Last)			
Title		Social Security Number	
Branch Offices			
Branch Street Address			
City, State & Zip			
Primary Branch Contact Name			
Phone Number		Fax Number	
Branch Street Address			
City, State & Zip			
Primary Branch Contact Name			
Phone Number		Fax Number	

Business References			
(Preferably other lenders your company is submitting loans to - minimum five (5) references)			
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. <b>Affiliated Mortgage Company</b> is hereby authorized to obtain verification of information from any source named herein <i>(including character, business references and personal credit bureau reports)</i> in connection with this broker application and subsequent annual renewals. A photographic copy of this authorization may be used as a duplicate original. <b>Affiliated Mortgage Company</b> will treat the information as confidential.			
All principal officers should sign and date below			
Signature			
Name (print)		Date	
Signature			
Name (print)		Date	
Signature			
Name (print)		Date	

[illegible]