



Commercial Mortgage Broker Application

Company Name: _____

Street Address: _____

City, State, ZIP _____

Phone: _____ Fax: _____

Web Site: _____

Principal Officers

Name	Title
_____	_____
_____	_____
_____	_____

Broker of Record: _____

Is the Broker of Record an active participant in the firm? _____

Broker License No.: _____

Tax ID Number: _____

Typical Monthly Production by Property Type (# of Loans)

Multifamily	_____	Retail	_____
Industrial	_____	Office	_____
Self Storage	_____	Restaurants	_____
Other (specify)	_____		

References (Three lenders with whom you do business)

Company	Contact	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any other business affiliation? If so, please describe.

Are you an owner or part owner in any other mortgage-related business?
If so, please describe.

Signature of applying officer: _____

Printed name and title _____

Date: _____

Directions: Print the Form

Fill in the information

E-mail to: Lending@BusinessPartnersLLC.com

or Fax to: (818) 727-1181