

WHOLESALE BROKER APPLICATION

GENERAL INFORMATION

Business Name: _____ Year Organized: _____

Tax ID#: _____ Mortgage Broker/Banker License #: _____

Address: _____ City: _____ State: _____ Zip: _____

Type of Business: Proprietorship Partnership Corporation

State Incorporated in: _____ Are you authorized to do business in Arizona? Yes No

Officer in Charge & Title: _____ Phone: _____

Contact Person: _____ Phone: _____

Loan Origination System: _____

Are any of the principals or owners of the business citizens of a foreign country? Yes No

If so, what country(ies)? _____

PLEASE LIST ALL PERSONS AUTHORIZED TO SIGN FOR COMPANY:

Name	Title	Signature
Name	Title	Signature
Name	Title	Signature
Name	Title	Signature

Contact for all branches: Name _____

Address _____

Phone _____

Fax _____

TOTALS AND TYPES OF LOANS SERVICED:

Conventional # _____ \$ _____

Construction # _____ \$ _____

Government # _____ \$ _____

Total Number of Residential Servicing Volume: # _____ \$ _____

Number of Investors Presently Served: _____ #of Loans _____ \$ _____

Total Residential Mortgage Volume During the Last 12 Months: # _____ \$ _____

Anticipated use of Broker/Correspondent Loan Program (indicate Products and Estimated Monthly Units/Volume):

Please list the top **four** organizations with which you currently have a Broker/Correspondent Loan Program:

<u>Company Name</u>	<u>Contact Person</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Please indicate with which of the following organizations you are approved to do business:

	<u>Yes</u>	<u>No</u>	<u>Date Approved</u>	<u>Identification No.</u>
FNMA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
FHLMC	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
GNMA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
FHA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
VA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Has a removal from an approved list by any of the above organizations occurred? Yes No

If yes, state particular circumstances: _____

Indicate your present method for funding (warehouse) mortgage loans (please indicate if N/A): _____

Institution: _____ Warehousing Line: _____

Do you maintain escrow accounts? Yes No

Does your company conduct business outside of the United States? Yes No

If so, what purpose? _____

Do any of the principals/owners conduct business outside of the United States? Yes No

If so, what purpose? _____

The following documentation must be included as attachments:

1. **Copy of Articles of Incorporation (if applicable)**
2. **Certified Copy of Resolution and Designation of Agents***
3. **Audited Financial Statements of Conditions and Income (two full years)**
4. **Resumes of Principals and Senior Employees. Also, include a listing and brief description of qualifications for processing personnel.**
5. **Copy of Mortgage Broker's License**
6. **Certificate of Insurance**
 - a. **Errors and Omissions or**
 - b. **Fidelity Bond**

*Forms attached

CERTIFICATION

The undersigned certify that:

1. The institution's net worth as of the close of business on _____, _____ is \$_____.
2. The statements set forth in this application and attachments are true and correct.
3. The Institution is duly organized and properly licensed under the law of the state of corporation.

First Arizona Savings is hereby authorized to obtain verification and/or credit from any source named herein on behalf of itself.

This application, when approved, shall become a part of the Broker Loan Agreement with First Arizona Savings.

INSTITUTION: _____

DATE: _____

BY: _____
President

BY: _____
Secretary

Typed Name

Typed Name