



First National Bank *of America*

Thank you for your interest in becoming a broker for First National Bank *of America*. Please complete the broker application and mail or fax it to the Residential Broker Department. Please include the following information along with the completed application:

- Copy of current Broker's License including a Secondary Mortgage license, if applicable
- Copy of current company financial statements OR current personal financial statements for corporate officers
- Listing of branch offices
- Resumes
- Any other relevant information that might assist in the decision making process

Upon receipt, the information will be reviewed and you will be contacted when a decision has been made. If approved, a broker agreement will be sent for review and signature.

Sincerely,

Chad T. Carrigan
First National Bank *of America*
517-333-7226
517-336-2786 (f)

BUSINESS INFORMATION – ANSWER ALL QUESTIONS

IF A **CORPORATION**, PLEASE COMPLETE THE FOLLOWING INFORMATION FOR EACH OFFICER:

Name	Address
PRESIDENT _____	_____
SECRETARY _____	_____
VICE PRESIDENT _____	_____
TREASURER _____	_____

IF A **PARTNERSHIP**, PLEASE COMPLETE THE FOLLOWING FOR EACH PARTNER:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

IF **OWNER/SOLE PROPRIETOR**, PLEASE COMPLETE THE FOLLOWING:

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____

PLEASE LIST COMPLETE NAME, ADDRESS AND TELEPHONE NUMBER OF LENDERS WITH WHOM YOU HAVE PREVIOUSLY BROKERED LOANS:

<u>Company Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>How Long</u>
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST COMPLETE NAME, ADDRESS AND TELEPHONE NUMBERS OF AT LEAST TWO (2) BUSINESSES THAT HAVE EXTENDED CREDIT TO YOU.

<u>Company Name</u>	<u>Contact Name</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____

AUTHORIZATION TO RELEASE INFORMATION

I/We hereby authorize you to release to First National Bank of America any and all information that they may require for the purpose of a credit transaction.

_____ (Signature)	_____ (Title)
Social Security No. _____	Date _____
_____ (Signature)	_____ (Title)
Social Security No. _____	Date _____

BROKER APPLICATION

DATE _____ E-MAIL _____

BUSINESS NAME _____ PHONE _____

BROKER LICENSE NO. _____ TAX ID NUMBER _____

LICENSE NAME (if different) _____

BUSINESS ADDRESS _____ FOR PAST _____ YEARS

(City) (State) (Zip)

PREVIOUS ADDRESS _____ FOR PAST _____ YEARS

(City) (State) (Zip)

COUNTY _____ FAX NUMBER _____

DO YOU HOLD A SECOND MORTGAGE LICENSE? _____

HOW DID YOU HEAR ABOUT US?
 REFERRAL DIRECT MAIL INTERNET OTHER _____

OWNERSHIP: SOLE OWNER PARTNERSHIP CORPORATION LLC
If sole owner or partnership, is your trade style registered? Yes No

PLEASE ENTER THE MONTH AND YEAR THIS BUSINESS WAS STARTED: MONTH _____ YEAR _____

HOW LONG HAVE YOU/PARTNERS/CORPORATE OFFICERS OWNED THIS BUSINESS? _____

PROJECTED SALES VOLUME THIS YEAR: \$ _____ LAST YEAR: \$ _____

PRINCIPALS: Name Title

DO YOU REPRESENT A TITLE INSURANCE COMPANY? IF SO, WHOM? _____



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