



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 send it back to us using the contact information below. The following information must be submitted with your 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,

Tom Watters
First National Bank *of America*

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 SECONDARY MORTGAGE LICENSE? _____

HOW DID YOU HEAR ABOUT US?

REFERRAL SCOTSMAN GUIDE 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

WHO IS YOUR ACCOUNT EXECUTIVE AT FNBA? _____

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

