

BROKER INFORMATION

Business Legal Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Years in business: _____ Federal ID# _____ Corp. Proprietorship
 LLC Proprietary

MEMBER OF THE FOLLOWING INDUSTRY ASSOCIATIONS:

ELFA NEFA NAELB OTHER

OFFICERS OR PRINCIPALS:

Name: _____

Address: _____ Years there: _____

City: _____ State: _____ Zip code: _____

Previous Address: _____

Social Security # _____ Date of Birth: _____

Spouses Name: _____

IF LESS THAN 2 YEARS IN BUSINESS:

Previous Business Name & Address: _____

City: _____ State: _____ Zip code: _____

Or Previous Occupation or Employer: _____

City: _____ State: _____ Zip code: _____

BUSINESS CHECKING ACCOUNT:

Bank: _____ Phone: _____

Account #: _____ Contact Person: _____

FUNDING SOURCE REFERENCES:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

Do you currently own the office space the business occupies? _____

If no, Landlord's Name: _____ Phone: _____

How did you hear about us? _____

I (we) hereby consent to the necessary credit investigation in connection with this Broker Research File and authorize credit reporting agencies of the United States Government to provide information necessary to process said Broker Research File.

I (we) warrant that all the information contained in this Broker Research File is true and complete and grant permission for its retention.

Signature

Date