



BROKER APPLICATION PACKET

Company Name _____

Street Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Website _____ Years in Business _____

Contact Person _____ Title _____

Type of Entity (check one) Corporation S-Corp Partnership Sole Prop. LLP LLC LTD

Total Number of Employees _____ Salespeople _____ Support _____ Other _____

Federal ID # _____ Resale # _____ Registered State _____

Number of Offices and Locations _____

Owner/Principal Name _____ SSN _____

Address _____

Owner/Principal Name _____ SSN _____

Address _____

Owner/Principal Name _____ SSN _____

Address _____

Please list the primary funding sources with which you currently work.

Company _____ Contact _____

Phone _____ Email _____ Annual Volume _____

Company _____ Contact _____

Phone _____ Email _____ Annual Volume _____

Company _____ Contact _____

Phone _____ Email _____ Annual Volume _____

What types of financing products do you broker? _____

Total Annual Financing Volume _____ Average Transaction Size _____

Credit Focus (A-D) _____ Geographic Territory/Focus _____

Financing Product/Equipment Focus _____

Has your company ever had a funding source terminate its business relationship? No Yes (please explain below)

By signing below, applicant warrants that all information given above is true and correct; and that Maxim Commercial Capital, LLC may obtain any information necessary pertaining to this application, including but not limited to owners and officers.

Signature _____ Title _____ Date _____