



# Wholesale Partner Application

Applicant below is applying for approval as Mortgage partner with Direct Mortgage Funding.

## Applicant

Legal Name	
Address	
City/State	Zip
Telephone Number	Fax Number
Primary Officer (1)	Social Security Number
Home Address/City/State/Zip	
Primary Officer (2)	Social Security Number
Home Address/City/State/Zip	
Primary Officer (3)	Social Security Number
Home Address/City/State/Zip	
Organized under the laws of (State)	Organized on (Date)
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Licensed to originate mortgage loans within the state of	
Licensee	License Number
Is there pending litigation with the company or any principal?	Yes      No
If yes please attach an explanation	

## Origination Volume

Please list the last three years origination volume

	Year to date	Last Year	
Conforming	# _____ \$ _____	# _____	\$ _____
1st	# _____ \$ _____	# _____	\$ _____
2nd	# _____ \$ _____	# _____	\$ _____
Jumbo	# _____ \$ _____	# _____	\$ _____
FHA	# _____ \$ _____	# _____	\$ _____
VA	# _____ \$ _____	# _____	\$ _____
Sub-Prime	# _____ \$ _____	# _____	\$ _____

Additional Branch Locations: Address/City/State/Zip

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Do you have an internal Audit System?      Yes \_\_\_ No \_\_\_

Have you ever had your license suspended?      Yes \_\_\_ No \_\_\_

**Additional Information**

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<u>Insurance Coverage</u>	<u>Amount</u>	<u>Deductible</u>	<u>Carrier</u>
Fidelity			
Errors & Omissions			

List three lenders or reference

<u>Name of Lender</u>	<u>Contact Person</u>	<u>Telephone</u>
Name of Lender	Contact Person	Telephone
Name of Lender	Contact Person	Telephone

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**Attachments**

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Please provide the following as attachments:

- a. Resume of Principals
- b. Most recent Balance Sheet, Profit and Loss, and previous years financials
- c. Copy of appropriate license
- d. Copy of internal audit system

I hereby authorize Direct Mortgage Funding and affiliates to obtain information as part of the approval process.

<u>Officer Signature</u>	<u>Name</u>	<u>Title</u>
Name of Organization		Date

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