



Wholesale Broker TPO Application

v20201125

Today's Date	
1. Entity Legal Name (As it appears on a government-issued document)	
2. Tax Identification Number (TIN)	
3. Entity Type (Corporation, Partnership, LLC, Trust, etc.)	
4. Business Type/Activity (Describe the primary business activity)	
5. Street Address (Not a P.O. Box)	
6. Name of SPE/ SPV affiliated with operating company (if applicable)	
7. Address of SPE / SPV affiliated with operating company (if applicable)	
8. Main Phone Number	
9. Website Address	
10. Incorporation / Formation Location	
11. Year of Formation	
12. Formation Documents	<ul style="list-style-type: none">• Attach Government-issued evidence of established business entities. This may include certified copies of organizational documents certifying the existence of the entity.
13. Signing Authority	<ul style="list-style-type: none">• Attach proof of signing authority (authorized signer's list, board resolution, incumbency certificate, etc.). See Additional Required Documentation
14. Loan Products (Check all that apply)	<input type="checkbox"/> Rental Finance <input type="checkbox"/> Fix & Flip <input type="checkbox"/> Bridge <input type="checkbox"/> Commercial <input type="checkbox"/> Other <ul style="list-style-type: none">• Description of other:



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15. Origination Volume	Trailing 12 Month Production	#
	Trailing 12 Month Production	\$
	Projected 12 Month Production	#
	Projected 12 Month Production	\$
16. Primary Contact Information	Full name	
	Title	
	Company	
	Address	
	Phone	
	Email	

17. Controlling Parties Information

- Identify Controlling Parties of the Entity. **List individual(s)** who has power to direct and oversee the affairs of the entity (e.g. President, Chairman, CEO, CFO, Managing Member (if individual), Limited/Managing Partner (if individual) or equivalent).
- For Corporations and LLCs: Key executives and/or individuals with greater than 25% ownership.
- For Partnerships: Key executives and all partners.
- For Limited Partnerships: Key executives and the general partner.

* Indicates a required field.
Include additional Controlling Parties if applicable

Full Name*	
Title	
<u>Residential</u> address	
Phone Number	
Social Security Number*	
Date of Birth*	

Full Name*	
Title	
<u>Residential</u> address	
Phone Number	
Social Security Number*	
Date of Birth*	

Full Name*	
Title	
<u>Residential</u> address	
Phone Number	
Social Security Number*	



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	Date of Birth*	
	Full Name*	
	Title	
	<u>Residential</u> address	
	Phone Number	
	Social Security Number*	
	Date of Birth*	

18. States where you are licensed (that require a license to broker business purpose loans. Please check all that apply)	<input type="checkbox"/> AK <input type="checkbox"/> CA <input type="checkbox"/> DE <input type="checkbox"/> LA <input type="checkbox"/> KS <input type="checkbox"/> MD <input type="checkbox"/> ND <input type="checkbox"/> NM <input type="checkbox"/> OK <input type="checkbox"/> RI <input type="checkbox"/> TX <input type="checkbox"/> WA	<input type="checkbox"/> AL <input type="checkbox"/> CO <input type="checkbox"/> FL <input type="checkbox"/> ID <input type="checkbox"/> KY <input type="checkbox"/> ME <input type="checkbox"/> NE <input type="checkbox"/> NV <input type="checkbox"/> OR <input type="checkbox"/> SC <input type="checkbox"/> UT <input type="checkbox"/> WI	<input type="checkbox"/> AR <input type="checkbox"/> CT <input type="checkbox"/> GA <input type="checkbox"/> IL <input type="checkbox"/> LA <input type="checkbox"/> MI <input type="checkbox"/> NH <input type="checkbox"/> NY <input type="checkbox"/> PA <input type="checkbox"/> SD <input type="checkbox"/> VA <input type="checkbox"/> WV	<input type="checkbox"/> AZ <input type="checkbox"/> DC <input type="checkbox"/> HI <input type="checkbox"/> IN <input type="checkbox"/> MA <input type="checkbox"/> MN <input type="checkbox"/> NJ <input type="checkbox"/> OH <input type="checkbox"/> PR <input type="checkbox"/> TN <input type="checkbox"/> VT <input type="checkbox"/> WY
	19. NMLS ID(s): (if applicable)			

20. Are any of your current licenses pending, under review, or suspended? If so, please explain.

- Yes
- No

If Yes, please explain:

21. Have any of your prior licenses (in any state) been suspended or revoked?

- Yes
- No

If Yes, please explain:

22. Have the company, its affiliates or any of the key people listed above filed or had filed against them any petition under any bankruptcy or insolvency law, or was a receiver appointed by a court for any business or property in the last 7 years?

Yes

No

If Yes, please explain:

23. Have the company, its affiliates or any of the key people listed above been convicted in a criminal proceeding in the last 10 years or currently the named subject of a pending criminal proceeding? Have the company, its affiliates or any of the key people listed above been subject to a U.S. Postal Service false representation order, temporary restraining order or preliminary injunction in the past 5 years?

Yes

No

If Yes, please explain:

24. Has there been any litigation and/or regulatory investigations/challenges involving the company in the last 2 years?

Yes

No

If Yes, please explain:

25. Additional Documents Required

#	CATEGORY	RESPONSIBILITY	REVIEW REQUIREMENT	COMMENTS
2	PERSONNEL	APPLICANT	Resumes/Corporate Biographies	Principals / Key Management
4	PERSONNEL	APPLICANT	Organization Chart	Employee names and functions
5	EXPERIENCE	APPLICANT (FORM PROVIDED BY TVC)	Track Record: Origination Volume	By product class: Trailing 12 month # units/\$ dollars and Projected 12 month # units/\$ dollars
13	ENTITY	APPLICANT	Operating Agreement/Corporate Bylaws	Operating Agreement for LLCs; Corporate Bylaws for C-Corps
14	ENTITY	APPLICANT	Articles of Organization/Articles of Incorporation	Articles of Organization for LLCs/Articles of Incorporation for C-Corps
15	ENTITY	APPLICANT (FORM PROVIDED BY TVC)	Corporate Resolutions	--
16	ENTITY	APPLICANT	Certificate of Good Standing	--
17	ENTITY	APPLICANT	IRS Form W-9 or EIN Letter	--
18	ENTITY	APPLICANT	Fictitious Name Statement (if applicable)	If applicable
21	LICENSING	APPLICANT	Broker's License(s)	Wholesale Broker = Required in: AZ, CA, DE, GA, ID, NV, ND, OR, UT (CA CFL license acceptable)
24	POLICIES & PROCEDURES	APPLICANT (FORM PROVIDED BY TVC)	Compliance Certification	Or individual Policies & Procedures listed herein
30	POLICIES & PROCEDURES	APPLICANT	Anti-Money Laundering ("AML") Policy & Procedure	Or Compliance Certification listed herein
49	ENTITY REVIEW	APPLICANT (UPON REQUEST BY TVC)	Letters of Explanation (if applicable)	If requested by TVC for issues/concerns raised during diligence review



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#	CATEGORY	RESPONSIBILITY	REVIEW REQUIREMENT	COMMENTS
50	CONTRACTS	BILATERAL (FORM PROVIDED BY TVC)	Non-Disclosure Agreement	--
52	CONTRACTS	BILATERAL (FORM PROVIDED BY TVC)	Wholesale Broker Agreement	--
53	CONTRACTS	APPLICANT (FORM PROVIDED BY TVC)	Acknowledgement of Seller Guide	--

Acknowledgement and Agreement

The undersigned hereby attests to the truthfulness and completeness of the information and statements contained in this application/questionnaire and undertakes to inform Temple View Capital of any changes therein. The undersigned further authorizes Temple View Capital to utilize credit rating, background check services and other public records regarding the companies and individuals identified herein.

Name

Title

Signature

Date