



## Broker Application

Firm Name:		
Street Address:		
Mailing Address:		
City:	State:	Zip:
Phone:	Fax:	Email:
Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLP <input type="checkbox"/> LLC <input type="checkbox"/> LTD		
Years in Business:	PPB License:	Year Issued:
Federal ID#:	Resale #:	State:
Anticipated Annual Funding with Dakota Financial: \$		
Website:		
<b>OWNERSHIP:</b>		
Name:	SSN:	
Address:		
Name:	SSN:	
Address:		
Name:	SSN:	
Address:		
<b>FUNDING SOURCES:</b>		
Name;	Contact:	
Estimated Annual Volume: \$	Phone:	Fax:
Name;	Contact:	
Estimated Annual Volume: \$	Phone:	Fax:
Name;	Contact:	
Estimated Annual Volume: \$	Phone:	Fax:
<b>BANK REFERENCE:</b>		
Primary Bank:	Phone:	
Officer:	Branch:	Account Number:
Secondary Bank:	Phone:	
Officer:	Branch:	Account Number:

I hereby authorize our banks, trade references and financial institutions the right to release credit information to Dakota Financial LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_