

BROKER APPLICATION

COMPANY INFORMATION		
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:	Federal ID#:	State:
Website:		Years in Leasing Industry:
Number of Employees in Brokerage:	Business is: <input type="checkbox"/> VENDOR <input type="checkbox"/> END USER <input type="checkbox"/> driven?	
Please list any industry/ equipment/ credit areas of focus that comprises at least 10% of Annual Brokerage Funding :		

Estimated Annual Funding Volume: \$		
How did you hear about Dakota?		

OWNERSHIP		
Name:	%	SS#:
Address:		
Name:	%	SS#:
Address:		
Name:	%	SS#:
Address:		

By signing below, I certify the statements above are true and complete as of the date indicated below.

Signature	Date
Print name	Title