

TPO LENDER APPLICATION

ORGANIZATION INFORMATION			
Legal name:			
DBA (if applicable):			
Address:			
City:		State:	Zip Code:
Phone:	Fax:	Website:	
Organized/Formed on what date:		Organized under State Laws of:	
Tax ID #:			
State(s) where Applicant originate mortgage loans:			
PRIMARY CONTACT INFORMATION			
1. Name:			
Phone:	E-mail:		
2. Name:			
Phone:	E-mail:		
KEY CONTACT INFORMATION			
Name	Phone	E-mail	
Production & Marketing:			
Guidelines & Product Updates:			
Pricing Changes:			
COMPLIANCE			
Has your company ever been suspended or terminated by any investor, lender or state regulatory or licensing agency for any reason? (If yes, please attach an explanation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever been denied, suspended or disqualified by HUD or VA? (If yes, please attach an explanation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever been denied, suspended or disqualified by any private mortgage insurance company? (If yes, please attach an explanation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company or any of the officers of the company currently involved in any lawsuit or litigation that could affect the company's capacity to perform under this agreement? (If yes, please attach an explanation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the company or any of the officers, agents, employees or licensees of the company currently the subject of any disciplinary action or proceeding by any licensing board or authority or has the company or any of its officers, agents, employees or licensees been the subject of such a disciplinary action or proceeding by any such licensing board or authority during the previous five (5) year period?? (If yes, please attach an explanation)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

CERTIFICATION

By executing this application, Applicant and each of the above named officers hereby authorize CapWest Mortgage / FBT to obtain positive identification of information the Applicant provided in this application and to obtain, if applicable, business reference reports and other information that is of concern to CapWest Mortgage / FBT. Applicant acknowledges that such reports and information will be obtained and used only in connection with CapWest Mortgage / FBT approval of Applicant and evaluation of Applicant's eligibility to do business with CapWest Mortgage / FBT and not for any consumer credit or other purpose. Applicant certifies to its best belief and knowledge that the information provided by the Applicant will be treated as confidential and will not be released to any third party. Unless otherwise instructed by Applicant, Applicant agrees by signing below to allow CapWest Mortgage / FBT to use the address, phone numbers, fax numbers and e-mail addresses as provided therein to communicate information to the Applicant related to CapWest Mortgage / FBT products and services. This will include, but not be limited to, marketing and rate sheets.

Signature:

Print Name & Title:

Date:

Signature:

Print Name & Title:

Date:

Please include the following document with this application:

- Two (2) original completed TPO agreements
- Resumes of officers who oversee lending