

Account Executive:	
BROKER COMPANY INFORMATION	
Company Name:	
Doing Business As (DBA):	
Business Address:	
Company Phone:	
Company Website:	
Company NMLS ID:	
<u>CONTACTS</u>	
Provide contact information for the person responsible for a	approving broker relationships.
Name: Title	2:
Phone Number:Email Address:	
BROKER LICENSING INFORMATION	
Indicate the states in which your organization currently original	ginates loans:
AL AZ AR CA CO CT DE DC FL GA HI	ID□ IL□ IN□ IA□ KS□ KY□ LA
$\square$ ME $\square$ MD $\square$ MA $\square$ MI $\square$ MN $\square$ MS $\square$ MO $\square$ MT $\square$ NE $\square$ NV $\square$	$NH \square \ NJ \square \ NC \square \ ND \square \ OH \square \ OK \square$
OR $\square$ PA $\square$ RI $\square$ SC $\square$ SD $\square$ TN $\square$ TX $\square$ UT $\square$ VT $\square$ VA $\square$ WA $\square$	$WV \square \ WI \square \ WY \square$
LOAN ORIGINATOR LICENSING	
Provide the information below for the loan to be submitted	with this Fast Pass Application:
LO Name:	
LO NMLS Number:	
LO Email Address:	
State in which the subject loan will be originated:	
Approval of the Fast Pass Application will permit an organiz	ation to submit loans to Lead+ for
initial review. Loans may not be locked, closed, or fund	led until Broker has submitted a
complete application*, and the parties have signed a Morto	gage Broker Agreement.
Signed By: Dat	e:
Print Name: Title	

<sup>\*</sup>Full loan application process must be completed within 10 days to maintain active broker status.