

BROKER APPLICATION

Company Name _____

Signer _____

Signer's Title _____

Address _____

City, State, Zip _____

Phone _____

Fax _____

E-mail Address _____

Tax ID _____

Licensed As: _____ License #: _____ State _____
Broker, Salesman, CFL/Other

How did you hear about American Mortgage Acceptance Corporation? _____

How long have you been in the real estate finance industry? _____

Approximately how many loans or notes have you brokered in the past year?

0-I'm new! Less than 5 5-10 10+

Have you previously worked with/spoken to one of our loan officers? Yes No

Name: _____

American Mortgage Acceptance Corporation, and/or its subsidiaries, affiliates, and companies under common ownership or control (the "Company"), may obtain a consumer report(s) for prospective business relationship purposes, including but not limited to, independent broker, agent, representative and contractor relationships, the hiring, promotion, reassignment and retention, at any time during the application process or during your tenure of such relationship with the Company. The consumer reports may include, but shall not be limited to, consumer credit reports, investigative consumer reports, criminal background checks, court record checks, educational background checks, and driving records. Nothing contained herein shall be construed, interpreted or constitute an employment, partnership, joint venture, agency or representative relationship with the company and you acknowledge and agree not to hold yourself out to be a Company employee, partnership, joint venture, agent or representative.

The undersigned hereby authorizes the Company to obtain the consumer report(s) it deems necessary containing information about me for such applicable purposes as noted above, during the application process, or at any time during my tenure of said business relationship with the Company. Authorization is further granted to the reporting agency to use a photo static reproduction of this authorization to obtain any information regarding the above-mentioned information.

The undersigned hereby releases, discharges, exonerates and covenants not to sue any person, company, or governmental organization providing information to Company in connection with its approval process, any recipient of such information conducting a review of such information in connection with this authorization, including the Company, its officers, directors, employees, agents, or representatives, from any and all liability of every nature and kind arising from or in connection with the furnishing, receipt and review of such information.

Date _____
By: _____

Print Name

Title
Tax ID/SSN _____

Date _____
By: _____

Print Name

Title
Tax ID/SSN _____