



ROYAL CAPITAL GROUP

BROKER APPLICATION

Company Name: _____
 Address: _____
 City: _____, State _____, Zip Code _____
 Telephone: _____ Fax _____
 Mortgage Brokerage Business License No: _____
 Form of Organization ___ Corporation ___ Partnership ___ Sole Proprietorship
 Year Business Started: _____ Date of Incorporation _____
 Officer Names and Titles _____

Owners of Business: _____ Percentage Owned: _____%
 _____ Percentage Owned: _____%
 _____ Percentage Owned: _____%

PRINCIPAL BROKER INFORMATION:

Name: _____
 Address: _____
 City: _____, State _____, Zip Code _____
 Email: _____ Cellular: _____
 Mortgage Broker License No: _____
 Date License Issued: _____ Number of years in business: _____

GENERAL COMPANY INFORMATION

How many branches does your company include? _____
 How many loan officers are currently active? _____
 What was your annual loan volume 2008? _____ Monthly Average? _____
 What percentage of your business is dedicated to funding of:
 Commercial loans - _____ Residential loans - _____
 Website: _____
 Please provide contact information for additional key branch personal - (If applicable)
 Contact Name: _____
 Telephone: _____ Fax: _____
 Address: _____ Email: _____
 City: _____, State _____, Zip Code _____
 Contact Name: _____
 Telephone: _____ Fax: _____
 Address: _____ Email: _____
 City: _____, State _____, Zip Code _____

OTHER: (Additional branch contact information)

The undersigned hereby certifies that the above information is true and correct.
 Mortgage Brokerage Business: _____
 By: _____
 Date: _____
 Print Name: _____
 Title: _____