



Bryn Mawr Funding

A Division of Bryn Mawr Trust

801 Lancaster Avenue, Bryn Mawr PA 19010

Toll Free Phone: 866-408-0308

Email: twestburg@bmtc.com

BROKER APPLICATION

GENERAL

Business Legal/Corporate Name: _____

DBA (If applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____ Fax #: _____

Contact Name: _____ Email: _____

Nature of Business: _____

Years in Business: _____ Years under present ownership: _____

- CORPORATION
- PROPRIETORSHIP
- PARTNERSHIP

- PARTNERSHIP
- L.L.C.

Date Incorporated: _____ State of Incorporation: _____ Fed Tax ID# _____

Annual Revenue: \$ _____ Business Location: Own/Rent? How Long? _____

PERSONAL INFORMATION – (Officers-Partners)

Name: _____ Jr./Sr. / II, III

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Jr./Sr. / II, III

Address: _____

City: _____ State: _____ Zip: _____

BANK REFERENCE

Bank Name: _____

Checking Account # _____

Phone # _____ Fax # _____

Contact Name: _____

ABOUT YOUR COMPANY

Average Deal Size: \$ _____

Number of Sales People: _____

Do you have a warehouse credit line facility:
yes _____ no _____

Aggregate amount of warehouse facility:
\$ _____

BUSINESS DESCRIPTION: (mthly volume, industries, territory, etc.)

Social Security # _____

Corporate Title: _____

% Ownership: _____

Home Phone: _____

Social Security # _____

Corporate Title: _____

% Ownership: _____

Home Phone: _____

FUNDING SOURCE REFERENCES

Name: _____

Years Doing Business _____ Phone # _____

Contact Name: _____ Fax # _____

Name: _____

Years Doing Business _____ Phone # _____

Contact Name: _____ Fax # _____

We hereby authorize the release of any and all credit information to Bryn Mawr Funding from the above listed references, and certify that all is true and correct to the best of my knowledge. The undersigned individual, recognizing that his or her individual credit history may be a factor in the evaluation of the this application, hereby consents to and authorizes BMT Leasing, Inc., DBA Bryn Mawr Funding to obtain and use a consumer credit report on the undersigned, now and from time to time, as may be needed in the credit evaluation and review process and waives any right or claim that he/she would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent. A photocopy or facsimile copy of this authorization shall be valid as the original.

Broker Signature _____ Title: _____ Date: _____