



**Commercial Referral Registration Form**

Dear Prospective Commercial Mortgage Broker/Banker:

We look forward to processing your application to become a registered client of American Trust Corporation. Please complete this registration form and submit with the other requested items directly to your Regional Account Executive. Participation in this program will help us to maintain a core clientele that may enjoy par and premium pricing levels as a registered client.

Legal Name of Company: \_\_\_\_\_

Tax ID#: \_\_\_\_\_

DBA Name if applicable: \_\_\_\_\_

Form of organization:    Sole    Proprietorship    Partnership    Corporation    LLC

Main Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

How many offices/branches do you operate: \_\_\_\_\_ How many brokers do you employ? \_\_\_\_\_

Which states do you operate in? \_\_\_\_\_

Please describe your business:

Property Type	Volume Closed Previous Year
Commercial	\$
Multifamily (5 units +)	\$
Residential (1 – 4 units)	\$
<b>TOTAL</b>	\$

**References: Please provide three lenders with whom you have done business in the past year:**

<b>Lender</b>	<b>Volume (\$)</b>	<b>Contact and Title of Contact</b>	<b>Phone</b>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

**COMMERCIAL LOAN BROKER REGISTRATION FORM**

\_\_\_\_\_  
Authorized Broker of Record Name (Please print)

\_\_\_\_\_  
Authorized Broker of Record Signature                      Social Security Number                      Date

\_\_\_\_\_  
Authorized Owner/Officer Name (Please print)

\_\_\_\_\_  
Authorized Owner/Officer Signature                      Social Security Number                      Date

\_\_\_\_\_  
Authorized Owner/Officer Name (Please print)

\_\_\_\_\_  
Authorized Owner/Officer Signature                      Social Security Number                      Date

Application process requires the following documents:

- Completed Commercial Loan Referral Registration Form
- Copy of Brokers License if State or Federal required
- Articles of Incorporation (if entity is corporation) or Fictitious Business Name Statement
- Bio/Resume for Principals/Corporation

Please forward the required information to Corporate Referral Department fax (800)507-0866