

ALLIED FINANCIAL GROUP, INC.- INDEPENDENT REPRESENTATIVE APPLICATION

Company Name: _____ Established: _____

Representative: _____ E-Mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel.: _____ Cell : _____ Fax: _____

Federal Tax ID #: _____ Representative SSN #: _____

Under which number do you want commission paid (check one)? ☐ Fed Tax ID ☐ SSN#

Description of Primary Business: _____

Products/Services Offered (check all that apply)

☐ Factoring ☐ Asset-Based Lending ☐ Equip. Leasing

☐ Bank Loans ☐ Investment Banking ☐ Venture Capital

Other Commercial Finance (describe): _____

☐ Mortgages ☐ Consumer Finance ☐ SBA Packaging

☐ Consulting (describe): _____

☐ Professional (describe): _____

☐ Other (describe): _____

Type of Financing On Which Majority of Time is Spent _____

Professional References

Name: _____ Tel: _____ Relationship: _____

Name: _____ Tel: _____ Relationship: _____

Name: _____ Tel: _____ Relationship: _____

Professional Associations and Positions Held (Dates)

1. _____

2. _____

I acknowledge the above information to be accurate to the best of my knowledge. I hereby authorize Allied Financial Group, Inc. to investigate my references, prior employers, and other matters related to my qualifications as an Independent Representative. I authorize Allied to request and obtain a consumer credit report. If such a report is obtained, I understand that I have a right to receive a copy. Referral Fee Agreement to be provided upon approval of application.

Signature of Applicant: _____ Date: _____

Submitting BDM (Print Name): _____ Date: _____

Allied Financial Group, Inc.

99 North San Antonio Ave., Suite 130, Upland, CA 91786

Phone: (909)949-6577 **Fax:** (909)694-2511

TOLL FREE: 1-866-377-LEND (5363)

E-MAIL: info@alliedfinancialgroupinc.com

WEB: www.alliedfinancialgroupinc.com

Client Referral Form

Lender/Bank Name_____ Tel:_____

Name of Person Referring Client_____ Title_____

Client Company_____ Contact_____

Title:_____ Tel:_____ Cell:_____

Allied Financial Group Contact: _____

Brief Description of Client Requirements:

Please fax to Allied Financial Group, Inc. (909) 694-2511

Thank you kindly for your referral!