



**REFERRAL AGENT FORM**

**COMPANY NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**TIN/EIN:** \_\_\_\_\_

License(s), if any, under which Company can conduct Referral/Referral Agent/Lending activities:

**TYPE:** \_\_\_\_\_ **LICENSE #:** \_\_\_\_\_ **EXPIRATION:** \_\_\_\_\_

List principal officers, partners or proprietors owning 25% or greater investment (Social Security Number or Taxpayer's I.D. must be provided for each corporation, partnership, or proprietor).

NAME	TITLE	% OWNED	SSN	DOB	ADDRESS

**DATE FOUNDED:** \_\_\_\_\_

**AS:**

\_\_\_\_\_ Corporation Under Laws of \_\_\_\_\_ (State of Incorporation)

\_\_\_\_\_ LLC Under Laws of \_\_\_\_\_ (State of Incorporation)

\_\_\_\_\_ Partnership Registered in \_\_\_\_\_ (State)

\_\_\_\_\_ Individual Proprietorship

\_\_\_\_\_ DBA \_\_\_\_\_

**CONSENT:** I understand that I am providing 'written instructions' to **ACC Capital**, under the Fair Credit Reporting Act, authorizing **ACC Capital** to obtain information from your personal credit profile or other information from any credit reporting agency or reseller. You authorize **ACC Capital** to obtain such information solely to conduct a pre-qualification for a Broker/Lender relationship.

**SIGNATURE(S)**
