

**Advance Fee Loan Broker Application****Application Guidelines**

Section 1

# Attention Applicants

This Department will only accept:

- Current application documents
- Legibly completed forms
- Complete application packets.

Refer to the instructions & checklist provided

Make all checks payable to:

“Arizona Department of Financial Institutions”  
and

Mail the entire completed application packet all together to:

Arizona Department of Financial Institutions  
Licensing Division

2910 N. 44<sup>th</sup> Street, Suite 310

Phoenix, AZ 85018

Make Copies of Your Entire Application Package Before Submission:

- The Department cannot make copies for you.

and

- If there are questions during the processing of your application, you will have the information available for reference.



## Advance Fee Loan Broker Application

### Instructions

Section 2

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Application instructions for registration under A.R.S. §6-1301 *et seq.*

Registration year is one year from original approval date. Registration fee is \$50.00.

Please Read The Following Carefully Before You Complete The Enclosed Documents

The enclosed application package is to be used by all applicants: individuals, partnerships, corporations or business trusts. You must complete all forms. Information cannot be copied from other documents that you may have submitted previously. You cannot do any loans involving mortgage loans with this application. Mortgage loans require a different type of license.

Be advised that until the Superintendent of Financial Institutions has officially notified you of the approval of your registration, you cannot conduct the activity of an Advance Fee Loan Broker as defined in Arizona Revised Statutes Section 6-1301 *et seq.*

**To Submit an Application** to the Department of Financial Institutions, you *must* have the following completed with the appropriate agencies and a copy of the approved document(s) attached to your application.

**Application Name:** The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.) Identical means spaces, periods, comma's, etc. (e.g., "Company Name, L.L.C." would not be "Company Name LLC"). Failure to submit the required documents will delay the processing of your application while these items are being amended.

Arizona State Corporation Commission 1300 W. Washington St., Phoenix, AZ 85007 Telephone (602) 542-3135 or www.cc.state.az.us.	Arizona Secretary of State 14 N. 18 <sup>th</sup> Avenue, Phoenix, AZ 85007 Telephone (602)542-6187 or www.azsos.gov
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**If you wish to apply as a Corporation, contact the Arizona State Corporation Commission.** You *must* submit an approved copy of your articles of incorporation and any amendments thereto with your application.

**If you wish to apply as a Foreign Corporation, contact the Arizona State Corporation Commission.** If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

**If you wish to apply as a Limited Liability Company, contact the Arizona State Corporation Commission.** They will assist you in either forming under Arizona law or applying for registration to transact business in Arizona as a foreign limited liability company. You *must* submit an approved copy of the articles of organization (for domestic companies) or a copy of the approved registration (for foreign companies) with your application.

**If you wish to apply as a Partnership, contact the Secretary of State.** Limited Partnership's or Foreign Limited Partnership's *must* provide an approved copy of your partnership agreement.

**If you wish to apply as a Sole Proprietorship / Individual, contact the Secretary of State.** You *must* use your own name when filing as an individual, otherwise you must register your dba or trade name, see **DBA/Trade Name** below.

**If you wish to apply as a DBA/Trade Name, contact the Secretary of State.** To do business under a "DBA" or a "trade name", you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application. You are only allowed to do business in Arizona under one name only.

Do not forward your application to this Department until you have received your approved documents from the Arizona State Corporation Commission and/or the Arizona Secretary of State.

**Financials:** The applicant must provide the Superintendent with current financial information on our Corporate Financial form. **Note:** An audited financial statement prepared by an independent Certified Public Accountant in accordance with GAAP may be substituted. In the event the audited statement was prepared more than six (6) months before the application date, you must also submit a balance sheet prepared within the previous six months which has been certified by the applicant.



# Advance Fee Loan Broker Application

## Instructions

Section 2

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**Personal History Statement (PH):** If the applicant is an individual (s)he must complete the PH document. If the applicant is a corporation, a PH must be completed by each of the (5) highest corporate officers. In the event, the corporation has only one officer, then any manager(s), director(s) or anyone in a managerial/responsible position should also complete a PH. Each member of a Limited Liability Company must complete the PH. The Personal History Statement must be submitted to this department as part of the original application package. Do not leave any questions unanswered.

**Derogatory Credit or Criminal Issues:** Provide written explanation and proof of resolved derogator credit and criminal issues. Good credit and criminal history is required on everyone submitting a personal history form.

W-9: A completed W-9 form must be included with your application package.

**Verification Of Licenses Issued By Other States:** If the applicant holds like or similar licenses from other states copies of the licenses must be included. If you are licensed in more than five (5) states, only include copies from five (5) states. Example: If you are licensed in 30 states as a mortgage lender then you only need to include copies of current licenses from (5) states.

**Fee:** A fifty-dollar (\$50) nonrefundable application fee must be included.

## Application / Registration Information

**Include all documentation when you submit the application.** Review *Check List* for assistance in submitting a complete application packet. Do not leave any questions unanswered. If a question does not apply to you or if, the answer to the question is 'none', so state on the application. Incomplete forms, inaccurate information or applications packets (missing documents) will not be accepted. This may result in a substantial delay. In the event, your application is returned to you, or if additional information is requested, your prompt response will help improve processing time. If you fail to provide the necessary information in a timely manner your license application may be withdrawn and you will have to reapply and pay the appropriate fees again. Make photocopies of the completed forms for your records. Our office cannot provide you with copies.

**Registration expires** one year from the date of the approval by the Superintendent of Financial Institutions. If you do not receive an annual renewal notice two (2) weeks prior to your renewal date, please contact this office. Renewal notices are sent to each registrant at the last known address on file. However, it is your responsibility to ensure that you timely renew your registration in accordance with A.R.S. Section 6-1305(D). An advance fee loan broker may annually renew his/her registration by filing a supplemental statement showing any changes in the facts set forth in the original application for registration or any previously filed supplemental statement made at the time of annual renewal. The annual renewal fee of twenty-five dollars (\$25.00) and application must be received prior to the expiration of the Registration

**Subsequent change in registration information** must be reported within thirty (30) days on a supplemental form. The completed form must be submitted with your remittance of twenty-five dollars (\$25.00). When any changes occur, contact the Department to request the form.

**Records:** Advance fee loan broker shall maintain books, records, and accounts of your business and must be maintained in accordance with generally accepted accounting practices and shall be subject to inspection at all times by authorized representatives of the Superintendent.

You need to conduct your business in compliance with the Arizona Revised Statutes. We suggest that you keep these instructions for your reference. The statutes relating to advance fee loan brokers can be found on our website at [azdfi.gov](http://azdfi.gov)



# Advance Fee Loan Broker Application

## Statutes and Rules

A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at [azdfi.gov](http://azdfi.gov). They may also be obtained at the Main Public Library located at 1221 North Central Ave., Phoenix, or your attorney. Statutes and Rules may be purchased from the Secretary of State at (602) 542-4086 or [www.azsos.gov](http://www.azsos.gov)

All fees charged are authorized, pursuant to, A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Advance Fee Loan Brokers	A.R.S. Section 6-1301 through 6-1310	60
Collection Agencies	A.R.S. Section 32-1001 through 32-1057 Rules R20-4-1501 through R20-4-1530	45
Commercial Mortgage Bankers	A.R.S. Section 6-971 through 6-985 Rules R20-4-1901 through R20-4-1911	120
Consumer Lender	A.R.S. Section 6-601 through 6-675 Rules R20-4-501 through R20-4-536	120
Debt Management	A.R.S. Section 6-701 through 6-716 Rules R20-4-601 through R20-4-620	60
Deferred Presentment	A.R.S. Section 6-1251 through 6-1263	120
Escrow Agents	A.R.S. Section 6-801 through 6-847 Rules R20-4-701 through R20-4-706	120
Money Transmitters	A.R.S. Section 6-1201 through 6-1219	120
Mortgage Brokers	A.R.S. Section 6-901 through 6-910 Rules R20-4-901 through R20-4-926	120
Mortgage Bankers	A.R.S. Section 6-941 through 6-948 Rules R20-4-1801 through R20-4-1812	120
Motor Vehicle Time Sales Disclosure Act	A.R.S. Section 44-281 through 44-295	45
Premium Finance Companies	A.R.S. Section 6-1401 through 6-1419	120
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150





# Advance Fee Loan Broker Application

## Application

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***This application must be completed by typewriter or legibly printed.***

**Do not leave any blank spaces. There must be an answer provided for each inquiry. If not applicable, use "None" or "N/A".**

Filing as a:     Corporation     Partnership     Limited Liability Company     Individual     Other

Select one:     New Application (See instructions for "New Applications")

Renewal supplement

Supplement statement for changes

Registration Number:

To The Superintendent Of Financial Institutions:

<b>1. Company Name: (Corporate title, trade or individual name under which business is to be operated)</b>		Federal Tax ID#:	
2. DBA: (if applicable)			
<b>3. Principal Office Location</b>			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	FAX Number:	Toll-free Number:	
Business Web Address:		E-mail Address:	
<b>4. Mailing Address (If different from Primary Office Location)</b>			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	FAX Number:	Toll-free Number:	
<b>5. Corporate Address (If different from Primary Office Location)</b>			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	FAX Number:	Toll-free Number:	
<b>6. Parent Company</b>			
Parent Company Name:			
Address Line 1:			
Address Line 2:			
City:		State:	Zip Code:
Telephone Number:	FAX Number:	Toll-free Number:	
<b>7. Corporation Information</b>			
State Incorporated		Date:	
Date of foreign authorization to conduct business in Arizona:		Date of most recent annual filing with the Arizona Corporation Commission:	



# Advance Fee Loan Broker Application

## Application

### 8. Current Ownership

If owned by individuals provide names and percentage of each person (voting shares only). All individuals owning 20% or more of the voting shares in either the applicant or the entity (as owner) must complete the personal financial and personal history statement. If applicant is owned by other company(s) also provide their financials, Articles of Incorporation/Organization and include a list of the shareholders and their ownership percentages (voting shares only).

Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
Name:	Title:	Percentage:
List additional owners on a separate sheet		Total Ownership
		Must total 100%

### 9. Contact Information

List the top five (5) persons of the company. State the names and business information request of the applicant, if an individual; principal officers thereof if a corporation; members thereof if a limited liability company; trustees thereof if a business trust; partners thereof if a partnership. Indicate the official capacity of the person in the business entity and the number of years this person has been engaged in the Advance Fee Loan Broker business. List additional people on a separate sheet. Complete a personal history form on each person listed. You will need to keep this info current at all times.

a. Name:	Capacity:	Yrs. in Business
Experience as an Advance Fee Loan Broker	Capacity	Yrs. In Business
Address:		
City:	State:	Zip Code:
b. Name:	Capacity:	Yrs. in Business
Experience as an Advance Fee Loan Broker	Capacity	Yrs. In Business
Address:		
City:	State:	Zip Code:
c. Name:	Capacity:	Yrs. in Business
Experience as an Advance Fee Loan Broker	Capacity	Yrs. In Business
Address:		
City:	State:	Zip Code:
d. Name:	Capacity:	Yrs. in Business
Experience as an Advance Fee Loan Broker	Capacity	Yrs. In Business
Address:		
City:	State:	Zip Code:
e. Name:	Capacity:	Yrs. in Business
Experience as an Advance Fee Loan Broker	Capacity	Yrs. In Business
Address:		
City:	State:	Zip Code:



# Advance Fee Loan Broker Application

## Application

### 10. Other Arizona business interests

Show other Arizona business interests for the person's name in #8 and #9 above, if any, and the capacity of those interests. (e.g. owner, officer, partner, member, associate.) Use additional sheets if necessary.

a. Name:	Capacity:
Business Name:	
b. Name:	Capacity:
Business Name:	
c. Name:	Capacity:
Business Name:	
d. Name:	Capacity:
Business Name:	

### 11. Statuary Agent

Name:

Address:

City:	State:	Zip Code:
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### 12. Firm or agency that audits your financial records

Name:

Address:

City:	State:	Zip Code:
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Your fiscal year end:

### 13. Business Plan

State the general business plan and character of the business. Be very clear in your business description. Use addition sheets, if necessary. You cannot do any loans involving mortgage loans with this application. That is a different type of license.

### 14. Criminal or Civil Legal History

Complete written details *must* be furnished if you answer "Yes" to any of the following questions. If any of the questions below have been answered "Yes" since your last renewal, please furnish complete written details

Has the applicant or any owner, officer, director, member, partner, trustee, of the applicant:

a. been convicted of a criminal offense other than a minor traffic violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
b. been sued in a civil action within the last fifteen years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
c. had a final judgement issued against him/her is a civil action on account of fraud, misrepresentation or deceit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
d. filed bankruptcy within the last fifteen years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
e. had an order entered against him/her, been indicted, been informed against or found guilty in connection with fraud, deceit or misrepresentation, forgery, embezzlement, obtaining money under false pretenses, extortion, criminal conspiracy to defraud or like offenses, by an administrative agency of this state, the federal government, or any other state or territory of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:

### 15. Number of contracts received within the last 24 months:

### 16. Number of applications placed within the last 12 months:



# Advance Fee Loan Broker Application

## Application

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17. Are you licensed in any other states in connection with this industry? If yes, provide photocopies of the actual current licenses that have been issued by the agency of any state or federal government.  Yes  No

**18. Contact Person at the Company regarding the processing of this Application and for future compliance and licensing.**

Print Name:

Telephone & Extension number:

FAX number:

Must be signed and notarized.

### Affidavit

State of \_\_\_\_\_ )

) SS

County of \_\_\_\_\_ )

I \_\_\_\_\_ being duly sworn, depose and say that I have signed the  
Print your name  
 foregoing application as \_\_\_\_\_ of the above named applicant, having full authority  
print your title

to sign such application in said capacity; that I have read said application, that the information contained therein is true, that the applicant is not insolvent and in all other ways meets the condition of licensing as prescribed in Title 6, Chapter 13, Arizona Revised Statutes..

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_ My Commission Expires

\_\_\_\_\_ Notary Public's Signature



# Advance Fee Loan Broker Application

## License Surrender Agreement

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

ACCEPTED

\_\_\_\_\_  
(Name of Company)

By: \_\_\_\_\_ (print) \_\_\_\_\_  
(Signature of Principal Officer) (Name of Principal Signer)

Date: \_\_\_\_\_ (print) \_\_\_\_\_  
(Title of Principal Signer)

### Notarization of Signature

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Subscribed and Sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_  
year of \_\_\_\_\_ at \_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Notary Public

My Commission expires \_\_\_\_\_



# Advance Fee Loan Broker Application

## Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable use "None" or "N/A"

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

**A. General:**

1. \_\_\_\_\_ Mr. Ms. Mrs.  
Position (Title/Owner/RI/AM etc.)      Circle One      Name: Last      First      Middle
2. \_\_\_\_\_ ( ) -  
Residence Address: Street      City      State      Zip      Res. Phone:
3. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
4. Alias(es) Nicknames, or changes in name: \_\_\_\_\_ Maiden Name (if any): \_\_\_\_\_
5. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_
6. Scars, Physical Defects, Distinguishing marks: \_\_\_\_\_
7. Drivers License No. & State of Issue: \_\_\_\_\_ (Attach a Legible Photocopy of your License)
8. Do you have a history of mental or nervous disorder?       Yes       No
9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates?       Yes       No
10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use?       Yes       No
11. Are you now or have you ever been a chronic user to excess of alcoholic beverages?       Yes       No
12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit?       Yes       No
13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge.  Yes       No  
**If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "T" page 3.**
14. Are you presently a member of a Military Reserve or National Guard Organization?       Yes       No  
If "Yes", complete the following. Grade: \_\_\_\_\_ Unit and Location: \_\_\_\_\_

**B. Criminal Record:**

**Have you ever been;**

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding?       Yes       No
2. convicted, fined or imprisoned or placed on probation?       Yes       No
3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation?       Yes       No
4. detained, held or arrested for a traffic violation?       Yes       No

**If the answer is "Yes" to ANY of the above questions, complete the following:**

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "T" page 3)



# Advance Fee Loan Broker Application

## Personal History Statement

**C. Employment:** (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) <small>Resumes or personal references are not accepted as employment verification</small>	Position/ Title	Supervisor	Reason for Leaving

- 1. Did any of the above employment's require a security clearance?  Yes  No
- 2. Have you ever been refused Bond?  Yes  No

**If the answer is "Yes", to either of the above explain in "Remarks" Section "T" page 3.**

**D. Membership:** (in past and/or present organizations, show all memberships you have had for the past ten (10) years.)

Name of Organization	Type	Date From / To

**E. Education:** Account for all schools attended other than primary grades K-8

Dates From / To	Name and Location of School	Degree



# Advance Fee Loan Broker Application

## Personal History Statement

**F. Family:** (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father:		
Mother:		
Spouse: (First and Maiden Name)		
Children/Brothers/Sisters:		

**G. Residences:** Show all residences for the past ten (10) years in chronological order with the most recent first

Date From / To	Street and Number and City	State and Zip

**H. Attachments:**

1. Have you attached a legible copy of your drivers' license?  Yes  No
2. Have you attached your completed (according to the fingerprint card instructions) fingerprint card?  Yes  No
3. A letter of explanation and resolve of any past or current derogatory credit or criminal issues?  Yes  No  N/A

If No, why not? \_\_\_\_\_

**I. Remarks:** Furnish complete details attach additional sheets if necessary

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## Advance Fee Loan Broker Application

## Personal History Statement

Section 7

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**Read, sign & notarize both top & bottom portion of this document**

## AFFIDAVIT

STATE OF \_\_\_\_\_  
 )ss  
 COUNTY OF \_\_\_\_\_

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature)

### Notarization of Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:\_\_\_\_\_  
(Notary Public)

## AFFIDAVIT (part 2)

STATE OF \_\_\_\_\_  
 )ss  
 COUNTY OF \_\_\_\_\_

I, (Print Your Name) \_\_\_\_\_ in connection with  
 (Print Company Name) \_\_\_\_\_ and pursuant  
 to the provisions of the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions,  
 the Attorney General of Arizona and their agents, to examine or receive a copy of any record maintained by the  
 United States Armed Forces, or any Governmental Body, or any University, College or Board of Education of any  
 state, or any bank or credit agency, relating to me, in the same manner and to the same extent as if I personally  
 applied for the same, and I hereby authorize such records be disclosed or furnished in accordance with any request  
 made by or on behalf of the Superintendent of Financial Institutions, the Attorney General of Arizona or their  
 agents.

\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature)

### Notarization of Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
My commission expires:\_\_\_\_\_  
(Notary Public)



## Advance Fee Loan Broker Application Personal Financial Statement

Do not use for business statement

Legibly print or type all information

There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A"

Schedule's, details and descriptions must be completed in space provided and by attachments if necessary.

Total Assets must equal Total Liabilities and Net Worth

Describe any unusual assets or liabilities

Name \_\_\_\_\_ Financial Condition As Of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MO/DAY/YR)  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Occupation \_\_\_\_\_

Customer at what financial institution \_\_\_\_\_ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe)	
Mortgages Owned (Sched 1)		Automobile Loans or Leases	
Readily Marketable Securities (Sched 4)			
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe)		Other Taxes Payable	
		Other Liabilities (describe)	
		Credit Cards	
<b>Total Assets</b>		<b>Total Liabilities</b>	
		<b>Net Worth (Assets Minus Liabilities)</b>	
		<b>Total Liabilities and Net Worth</b>	

### Approximate Annual Income and Expense (exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From _____		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or separate maintenance payments if you are obligated to make them.	
<b>Total Income</b>		<b>Total</b>	

1. Are the above evaluations on receivable conservative?  Yes  No (If no, explain by separate letter)
2. Are any assets pledged or debts secured except as indicated?  Yes  No (If yes, itemize by debt and security)
3. Do you have any contingent liabilities for guarantees, endorsements or otherwise?  Yes  No (If yes, explain)
4. Do you do business with any other bank?  Yes  No (If yes, nature of business)



**Advance Fee Loan Broker Application  
Personal Financial Statement**

5. If you are married are any of the above assets your spouse's separate property?  Yes  No (If yes, itemize) \_\_\_\_\_
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you?  Yes  No  
(If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt?  Yes  No (If yes, explain by separate letter)
8. Have you made a will?  Yes  No Who is named executor of estate? \_\_\_\_\_

**Complete the following schedules**

Schedule 1 - Notes and Mortgages Owned			
Describe here or on separate sheet any important or unusual receivables.			
Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 - Real Estate and Buildings							
Provide details of encumbrances on Schedule 3 opposite proper parcel number.							
Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today or other basis) \_\_\_\_\_

Are there any properties held on joint tenancy?  Yes  No Parcel numbers \_\_\_\_\_

Schedule 3 - Real Estate Encumbrances						
Parcel	Amt. Owning Per Sched 2	Nature Of Encumbrance And To Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.
No. #1						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #2						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #3						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #4						Yes <input type="checkbox"/> No <input type="checkbox"/>
No. #5						Yes <input type="checkbox"/> No <input type="checkbox"/>

\*If any payments of principal or interest are delinquent provide details. \_\_\_\_\_

Are any taxes delinquent?  Yes  No (If yes, give amount and details) \_\_\_\_\_

Are there any unrecorded deeds, liens or other claims not shown above? \_\_\_\_\_



**Advance Fee Loan Broker Application  
Personal Financial Statement**

**Schedule 4 - Securities Owned**

Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		
			@	Amount	@	Amount	Ann. Div

In whose name are the above securities held? \_\_\_\_\_

If in names of yourself and co-owner, are they joint tenancy? \_\_\_\_\_

**Schedule 5 - Insurance**

Public liability on autos \$ \_\_\_\_\_ Property Damage on Autos \$ \_\_\_\_\_

**Life Insurance**

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**I certify that the above information provided by me is true,  
complete and correct to the best of my knowledge and belief.**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature**



**Advance Fee Loan Broker Application  
Corporate Financial Statement**

**Name of Corporation:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Telephone** ( \_\_\_\_\_ ) \_\_\_\_\_

**Financial Conditions At Close Of Business On** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (MO/DAY/YEAR)

<b>ASSETS</b>		<b>LIABILITIES</b>	
Cash on Hand and in Bank	\$ _____	Accounts Payable - Not Due	\$ _____
Accounts Rec. Customers - Current	\$ _____	Accounts Payable - Past Due	\$ _____
Accounts Rec. Customers - Past Due	\$ _____	Notes Payable	\$ _____
Total Accounts Receivable	\$ _____	Notes Payable Other Banks	\$ _____
Less: Reserve Doubtful Accts.	\$ _____	Notes or Trade Acceptances Payable for Mdse.	\$ _____
Notes Receivable - Customers	\$ _____	Other Notes Payable	\$ _____
Less: Reserve Doubtful Notes	\$ _____	Portion of Equipment Contracts and Chattel	
Trade Acceptances Receivable	\$ _____	Mortgages Due Within One Year	\$ _____
Merchandise - Finished	\$ _____	Due Officers and Stockholders (Sched 2)	\$ _____
Merchandise - In Process	\$ _____	Due Controlled or Affiliated Concerns (Sched 6)	\$ _____
Merchandise - Raw Materials	\$ _____	Reserve for Income Taxes	\$ _____
Readily Marketable Securities (Sched 3)	\$ _____	Other Taxes Payable	\$ _____
		Accrued Liabilities	\$ _____
Net Cash Surrender Value of Life Insurance (Sched 1)	\$ _____	Portion of Long Term Debt Due within One Year	\$ _____
<b>TOTAL CURRENT ASSETS</b>	<b>\$ _____</b>	<b>TOTAL CURRENT LIABILITIES</b>	<b>\$ _____</b>
Real Estate and Bldgs. (Sched 4)	\$ _____	Real Estate Encumbrances (Sched 5)	\$ _____
Less: Reserve for Depreciation	\$ _____	Non-Current Portion of Equipment Contracts	
Machinery - Equipment - Fixtures	\$ _____	and Chattel Mortgages	\$ _____
Less: Reserve for Depreciation	\$ _____	Other Non-Current Debt (describe):	\$ _____
Automobiles and Trucks	\$ _____		
Less: Reserve for Depreciation	\$ _____		
		<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>
Investments in Controlled or Affiliated Co. (Sched 6)	\$ _____	Other Reserves (describe): _____	\$ _____
Other Securities Owned (Sched 3)	\$ _____		
Due from Controlled or Affiliated Co. (Sched 6)	\$ _____		
Due from Officers and Stockholders (Sched 2)	\$ _____		
Other Non-Current Receivables	\$ _____	<b>NET WORTH:</b>	
		Preferred Stock	\$ _____
Deferred and Prepaid Items	\$ _____	Common Stock	\$ _____
		Capital Surplus	\$ _____
		Earned Surplus	\$ _____
		<b>TOTAL NET WORTH</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>



## Advance Fee Loan Broker Application Corporate Financial Statement

**CONTINGENT LIABILITIES (not already included) If none, so state.**

On Acceptances, Contracts or Notes Discounted or Sold \$ \_\_\_\_\_  
 As Guarantor or Endorser for \_\_\_\_\_ \$ \_\_\_\_\_  
 For Merchandise Consigned by Suppliers \$ \_\_\_\_\_  
 Otherwise (describe) \_\_\_\_\_ \$ \_\_\_\_\_  
 Are any book accounts sold or assigned? Yes  No  Amount \$ \_\_\_\_\_  
 To whom? \_\_\_\_\_  
 With Recourse? Yes  No

Has full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes  No

Are any assets pledged or any debts secured except as indicated? Yes  No  If so, please itemize by debt and security.

**COMMITMENTS:**

Approximate Purchase Commitments \$ \_\_\_\_\_  
 Approximate Unfilled Orders on Hand \$ \_\_\_\_\_  
 Describe any other unusual commitments \_\_\_\_\_

Are there any judgments, suits, or any claims for tax deficiencies now pending or in prospect against the corporation? Explain

**OPERATING RECORD FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE) TO \_\_\_\_/\_\_\_\_/\_\_\_\_ (DATE):**

*If profit and loss statement does not fit your business, please attach a statement on your own form.*

Net Sales for Period \$ \_\_\_\_\_  
 Cost of Goods Sold \$ \_\_\_\_\_  
 Gross Profit \$ \_\_\_\_\_  
 Selling Expense \$ \_\_\_\_\_  
 Administrative Expense \$ \_\_\_\_\_  
 General Expense \$ \_\_\_\_\_  
 Total Operating Expense \$ \_\_\_\_\_  
 Operating Profit \$ \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_  
 Total Income \$ \_\_\_\_\_  
 Other Deductions \$ \_\_\_\_\_  
 Federal & State Income Tax \$ \_\_\_\_\_  
 Total Deductions \$ \_\_\_\_\_  
 Net Profit \$ \_\_\_\_\_

Reconciliation of Surplus:  
 Surplus at beginning of period \$ \_\_\_\_\_  
 Net Profit \$ \_\_\_\_\_  
 \*Surplus Credits \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_  
 Dividends Paid \$ \_\_\_\_\_  
 \*Surplus Debits \$ \_\_\_\_\_  
 Surplus as of this statement date \$ \_\_\_\_\_

\*If Surplus Adjustments involve important transactions please give details below: \_\_\_\_\_

Total Depreciation and Amortization included in above statement \$ \_\_\_\_\_  
 Deductions for Bad Accounts included in above statement \$ \_\_\_\_\_  
 Salaries to Executive Officers included in above statement \$ \_\_\_\_\_

**MONTHLY SALES**

Please enter here your approximate sales by months during the past fiscal period:

Jan	Feb	Mar
Apr	May	Jun
Jul	Aug	Sept
Oct	Nov	Dec

**Complete the following. Include the supporting schedules.**

**OTHER BANKS USED:**

Name	City	Do you borrow there?	Maximum Debt Past Year
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____



## Advance Fee Loan Broker Application Corporate Financial Statement

**RENTAL:** Does company rent? Yes  No   
 Present monthly rental paid \$ \_\_\_\_\_  
 Date of expiration of lease \_\_\_\_/\_\_\_\_/\_\_\_\_

**CORPORATE INFORMATION:** Under laws of what state are you incorporated? \_\_\_\_\_  
 Are all franchise taxes current? Yes  No   
 Are you authorized to do business in Arizona? Yes  No   
 Have all other legal requirements been met? Yes  No

No. of authorized common shares \_\_\_\_\_ Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_  
 Year last div. paid \_\_\_\_\_ Annual rate if established \$ \_\_\_\_\_ No. of authorized pfd. shares \_\_\_\_\_  
 Outstanding \_\_\_\_\_ Par value \$ \_\_\_\_\_ Dividend preference \$ \_\_\_\_\_ Cumulative? \_\_\_\_\_  
 Div. Pd. to \_\_\_\_\_  
 Please list any trade styles used by the corporation \_\_\_\_\_

**SCHEDULE 1 - INSURANCE**

<b>Fire Insurance:</b> On Merchandise \$ _____ On Mach'y, Equipt. and Fixtures \$ _____ On Buildings \$ _____	<b>Liability Insurance:</b> Public Liability on Owned Autos \$ _____ Property Damage on Owned Autos \$ _____ P.L. and P.D. on Non-owned Autos \$ _____ Building & Elevator Pub. Liab. \$ _____
--	--

Check all that are applicable to the coverage the corporation carries:

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> Explosion Ins.  | <input type="checkbox"/> Steam Boiler   | <input type="checkbox"/> Auto Fire, Theft | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Products Liability  |
| <input type="checkbox"/> Riot and Strike | <input type="checkbox"/> Auto Collision | <input type="checkbox"/> Workmen's Comp   | <input type="checkbox"/> Robbery or Burglary   | <input type="checkbox"/> Machinery Breakdown |

Is the extended coverage endorsement attached to fire policies?  Yes  No  
 Do any policies contain a coinsurance clause?  Yes  No Basis \_\_\_\_\_ %  
 Is any insurance on a monthly reporting basis?  Yes  No  
 Are employees having custody or control of property adequately bonded?  Yes  No

Insurance on Lives of Officers, Directors or Other Executives Naming the Corporation as Beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**SCHEDULE 2 - OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS**

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

**SCHEDULE 3 - SECURITIES OWNED - Please attach separate schedule if needed.**

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		
			@	Amount	@	Amount	Yearly Div.



**Advance Fee Loan Broker Application  
Corporate Financial Statement**

**SCHEDULE 4 - REAL ESTATE AND BUILDINGS - Please give details of encumbrances on Schedule 5 opposite proper Parcel No.**

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business \_\_\_\_\_  
 Are taxes delinquent on any of your properties? \_\_\_\_ If so, please give amount and details \_\_\_\_\_

**SCHEDULE 5 - REAL ESTATE ENCUMBRANCES**

On Parcel Number Above	Amount owing per Sched. 4	Nature of Encumbrance And To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

\*If any payments of principal or interest are delinquent, please give details \_\_\_\_\_  
 Has foreclosure been instituted? \_\_\_\_\_ Details \_\_\_\_\_

**SCHEDULE 6 - INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS**

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Free to Corp.	Owning by Corp.

**SCHEDULE 7 - PRINCIPAL SUPPLIERS - Please list concerns from which you buy large quantities and approximate amount due them on statement date.**

Name and City	Amount Owed	Name and City	Amount Owed
	\$		\$
	\$		\$
	\$		\$

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement. \_\_\_\_\_

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Date Signature Telephone & Fax

# State of Arizona Substitute W-9 & Vendor Authorization Form



**Purpose:** Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

**Instructions:** Complete form if

1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

Refer to State of Arizona Substitute W-9 Instructions and IRS W-9 Instructions for details on completing this form.

**Social Security Number (SSN)** 
 OR
  **Employer Identification Number (EIN)**

**Entity Type** Must select one of the following (Coding (X#) is for internal purposes only)

Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)
  State of Arizona employee (1E) HRIS EIN

Corporation NOT providing health care, medical or legal services (5A)
  LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)

Corporation providing health care, medical or legal services (5M)
  LLC, PLLC organized as corporation providing health care, medical or legal services (5M)

Partnership, LLP or Partnership organized as LLC or PLLC (5C)
  A state, a possession of the US, or any of their political subdivisions or instrumentalities (4G)

An international organization or any of its agencies/instrumentalities (5U)
  Other: Tax Reportable Entity (5P) Description

The US or any of its political subdivisions or instrumentalities (2G)
  Other: Tax Exempt Entity (5H)

**Name** (First, Middle, Last)

**Business Name**

**Main Address** Where tax information and general correspondence is to be mailed

Address

City  State  Zip code

**Remittance Address** Where payment is to be mailed  Same as Main

DBA/Branch/Location

Address

City  State  Zip code

**Vendor Contact Information**

Name

Title  Phone #  Ext.

Email  Fax

**Minority Business Indicator** Must select one of the following (Coding (X#) is for internal purposes only)

Small Business (01)
  Small Business- African American (23)
  Small Business- Asian (24)
  Small Business - Hispanic (25)
  Small Business- Native American (27)
  Small Business- Other Minority (05)
  Small, Woman Owned Business (06)
  Small, Woman Owned Business- African American (29)
  Small, Woman Owned Business- Asian (30)
  Small, Woman Owned Business- Hispanic (31)
  Small, Woman Owned Business- Native American (33)
  Small, Woman Owned Business- Other Minority (11)
  Woman Owned Business (03)
  Woman Owned Business- African American (17)
  Woman Owned Business- Asian (18)
  Woman Owned Business- Hispanic (19)
  Woman Owned Business- Native American (21)
  Woman Owned Business- Other Minority (08)
  Minority Owned Business- African American (04)
  Minority Owned Business- Asian (32)
  Minority Owned Business- Hispanic (74)
  Minority Owned Business- Native American (15)
  Minority Owned Business- Other Minority (02)
  Non-Profit, IRC §501(c) (88)
  Non-Small, Non-Minority or Non-Woman Owned Business (00)
  Individual, Non-Business (00)

**Certification**  **Exempt from backup withholding**

Under Penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
3. I am a U.S. person (including U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.**

Signature  Title  Date

STATE OF ARIZONA AGENCY USE ONLY VENDOR DO NOT WRITE BELOW THIS LINE

**Agency Authorization:** Print Name  Signature  Title

AGY  Phone #  Email  Date

STATE OF ARIZONA GAO USE ONLY VENDOR & STATE AGENCY DO NOT WRITE BELOW THIS LINE

IRS TIN Matching  Corporation Commission  HRIS
 Vendor Number  Processed by  Date Processed