

BRANCH APPROVAL FORM

This form should be used to add a branch to the list of approved branches for the Company named below. Main/Corporate branch must already be approved by CFN Mortgage Capital. **Branches can only be approved if the branch location is licensed.**

Date: _____ Main/Corporate TPO# _____

I, _____, a principal officer of _____

Authorize the following branch to conduct business with CFN Mortgage Capital.

Branch Information :

Company Name: _____

DBA Name (if applicable): _____

Branch Manager: _____

Branch Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

State(s) in which this branch is licensed: _____

Principal Officer

X _____ *Must be signed by a Principal of the Corporation
Signature

Name

Title

Please provide a copy of the branch manager's current resume along with all branch state licenses.

Please scan and email completed form along with required documents to brokerapproval@cfnconnect.com.