

Broker Application
CEP Capital Funding

Company Name: _____ EIN: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Entity: Sole Proprietor Corporation LLC Other: _____

If Entity: President: _____ Secretary: _____

State Formed In: _____ Date Formed: _____

Contact: _____ Cell Phone: _____ Email: _____

Please provide three lender references:

Contact: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Contact: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Do you want your broker fees sent overnight or wired: _____

Signature of Principal

Date