

Thank you for expressing an interest in becoming an approved broker with DebtPro123. Please complete and sign your Broker Application and Agreement. For each item that applies to your business, please provide the documentation or information requested. A complete application and supporting documentation will assure a faster turn around time. If you have any questions, please contact us.

PLEASE RETURN OR FAX THE COMPLETED BROKER PACKAGE TO:

DebtPro123, LLC
Attention: Broker Approval Dept.
3972 Barranca Pkwy J212, Irvine, California, 92606
Phone: 877-388-0231 Fax: 949-271-5729

GENERAL INFORMATION

NAME:
 DBA OR TRADE NAME: FORMER COMPANY NAME (IF APPLICABLE):
 ADDRESS: CITY: STATE: ZIP:
 PHONE: FAX: EMAIL:

CONTACT PERSON

CONTACT NAME: PHONE:

COMPANY FILING INFORMATION

PLEASE CHECK ONE: PARTNERSHIP LIMITED LIABILITY COMPANY CORPORATION OTHER:
 DATE OF BUSINESS ORGANIZED OR INCORPORATED: STATE OF INCORPORATION:
 NUMBER OF EMPLOYEES: INDIVIDUAL 2-5 6-10 11-20 20+

PRINCIPALS

NAME: POSITION: SSN: PHONE:
 NAME: POSITION: SSN: PHONE:
 NAME: POSITION: SSN: PHONE:

1. Has your company, or any officer of the company, been named as a defendant in a lawsuit for alleged fraud or misrepresentation in connection with any debt settlement related activity? If yes, please provide an explanation.

2. Has your company, or any officer of the company ever had any professional license suspended, revoked or received any other disciplinary action from a regulatory agency? If yes, please provide an explanation.

3. How did you hear about DebtPro123?

BRANCH OFFICES (ATTACH A SEPARATE SHEET IF NECESSARY)

ADDRESS: PHONE: FAX: CONTACT NAME:
 ADDRESS: PHONE: FAX: CONTACT NAME:
 ADDRESS: PHONE: FAX: CONTACT NAME:

BUSINESS REFERENCES

NAME: PHONE: EMAIL: CONTACT NAME:
 NAME: PHONE: EMAIL: CONTACT NAME:
 NAME: PHONE: EMAIL: CONTACT NAME:

The undersigned declare(s) that the statements set forth herein are true and accurate. DebtPro123 is hereby authorized to obtain verification from any source named herein, including pulling personal credit, and conduct any background inquiries deemed necessary in connection with the approval of this application.

NAME PRINT: _____

OWNER/OFFICER NAME PRINT: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____



ELECTRONIC TRANSMISSION/FACSIMILE CONSENT

Due to recent FCC rulings that went into effect August 25, 2003, DebtPro123 must obtain your written consent to continue distributing materials to you/your office by electronic transmission and/or Facsimile. The materials covered by these rulings and this consent includes training manuals, underwriting guidelines, program updates etc. If you would like to be advised of new program updates and monthly specials, please sign this form.

I/We agree to receive advertisements, information and notifications by email from DebtPro123 at the following email addresses (below). Our permission is effective immediately and we understand that we may begin receiving emails upon signing this consent.

THIS CONSENT APPLIES TO THE FOLLOWING FAX NUMBERS AND/OR EMAIL ADDRESSES:

Please indicate your consent by signing:

NAME PRINT: _____	SIGNATURE: _____
DATE: _____	COMPANY: _____

NOTE: In order for DebtPro123 to continue sending emails on program updates and monthly trainings, we must receive this signed consent.

CRIMINAL HISTORY AND BACKGROUND CHECK AUTHORIZATION

I, the undersigned individual, have made application to DebtPro123 to establish a relationship with it as an Independent Debt Resolution Agent. Pursuant to that application I hereby authorize DebtPro123 to employ a "Consumer Reporting Agency" (as that term is defined by the Fair Credit Reporting Act) to perform a Criminal History and Background Check as part of the due diligence process for employing me as an independent debt resolution agent (independent contractor). The Consumer Reporting Agency may conduct an investigation to verify the social security number, obtain information regarding past employment, and perform a criminal background check. It may provide information concerning my credit worthiness and the existence of liens or lawsuits that have been filed against me. The Consumer Reporting Agency may track counties of residence to search for criminal records.

I understand that, as provided by the Fair Credit Reporting Act, before I am ever denied a relationship based on information obtained in the report I will receive a copy of the report and a written description of my rights under the Fair Credit Reporting Act. I understand that if I disagree with the accuracy of any information in the report, I must notify the designee* listed below within three (3) business days of receipt of the report, and, in that event, I will have a reasonable opportunity to address the information contained in the report.

I understand and consent to the information contained in the Criminal History and Background Check being made available to those persons involved in deciding whether to enter into agreements with me or not and those performing the background investigation, and further understand that it will be used in deciding whether or not to employ me as an independent contractor.

I authorize and consent to the Criminal History and Background Check as described above.

Please indicate your consent by signing below:

NAME PRINT: _____	SIGNATURE: _____
DATE: _____	SSN: _____
	DOB: _____

Disputes, if any, regarding the accuracy of the criminal history and background check may be provided to Bryan Taylor, 3972 Barranca Pkwy J212, Irvine, California, 92606.

TO BE COMPLETED BY THE DEBTPRO123 APPROVAL DEPARTMENT:

WHOLESALE REP:

Application was received on: _____	Application was approved on: _____
Broker ID#: _____	Approved by: _____