## NEW BROKER APPLICATION

*Accelerate your broker program with us*

*Please ensure to complete all fields marked with an asterisk\*,
and send back to info@generationcapitalassociates.com*

### Business Information

\*Company Legal Name : _____

\*Address:

    Street: _____

    City: _____ State: _____ Zip/Postal: _____

    Country: _____

\* Contact Name: _____ Phone: _____

### Principal Informationils

\*Company Legal Name : _____

\*Address:

    Street: _____

    City: _____ State: _____ Zip/Postal: _____

    Country: _____

\*Ownership Status: _____ Email: _____

### Bank References Repeater

Bank Name: _____ Bank Account Number: _____

Phone: _____ Fax Number: _____

### Funding Source Reference Repeater

Source Name: _____ Account Number: _____

Phone: _____ Fax Number: _____

### Additional Information

\*Total Volume for the last 12 Months: _____ \*Average ticket size: _____

\*% of volume from Direct Lessees _____ \*% from Vendors: _____

Number of leases over $500,000 _____ \*Number of employees: _____

Number of offices _____

Anticipated Volume to Generation Capital Associates for the next 6 months: _____

\*Has the company or any principal filed bankruptcy? _____

\*Has the company or any principal been terminated by a funding source for fraud, misrepresentation? _____

\*Required Consent:

I/We _____ certify that the above information is true and correct and I/we authorize any bank, financial institution, or trade reference to release any information as may be requested by Generation Capital Associates. And or its assigns. I/We also hereby authorize Generation Capital Associates to obtain other background or credit information and relate this information to others as necessary.

\*Sign: _____