



**Mortgage Saver**  
A division of Auto Link Payment Services

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# PARTNER PROFILE

Independent Contractor/Broker Approval

## SECTION ONE: APPLICANT

COMPANY NAME: \_\_\_\_\_

Parent Company (If Applicable) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Business Tax ID: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Annual Revenue: \_\_\_\_\_

Type of Business: (check one) \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Corporation

### **Primary Contacts** (Please list employees that will be primarily responsible for enrolling clients – if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION TWO: REFERENCES

NAME: \_\_\_\_\_ Nature of Account: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

NAME: \_\_\_\_\_ Nature of Account: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## SECTION THREE: SIGNATURE

I certify that the above information to be true and correct. I further authorize my creditors to treat a photocopy or facsimile of my signature as if it were an original and accept such as my authorization to release information with respect to my credit and reference history to Mortgage Saver.

NAME: (please print) \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

<p><b>Internal Use Only:</b> This wholesale account will be serviced and managed by:</p> <p>_____</p> <p>Approved by/Date _____</p> <p>Wholesale code #</p> <p>_____</p>
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