

Broker Exclusivity Agreement

Regarding:	Application for:
	(Applicant Name)
	(Co-Applicant Name)

(Broker	Name)	

(Broker Company Name)

as it relates to a residential mortgage application submitted to CMLS Financial.

Dated at	this day of	, 20		
(City)	(Day) (Month)	(Year)		
Signature (Applicant)	Signature (Co-Applicant)	Signature (Co-Applicant)		

Broker to fax signed form to: 1.888.464.2657

of