

QUICKQUALIFY NEW ACCOUNT APPLICATION FORM

REAL ESTATE AGENT

Must be completed by all first time applicants. If you are an existing customer you are not required to complete this form. Please refer to the bottom of the page for a list of required documents for obtaining a new Commission Advance.

| | | | |
|----------------------------------|----------------------|---------------------------------|----------------------|
| First Name (correct legal name)* | Initial | Last Name (correct legal name)* | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Address * | City | Province * | Postal Code * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone (Home) | Phone (Cell)* | | |
| <input type="text"/> | <input type="text"/> | | |
| Email Address * | | | |
| <input type="text"/> | | | |

BROKERAGE INFORMATION

| | |
|---|---|
| Legal Business Name* | Phone (Office) |
| <input type="text"/> | <input type="text"/> |
| City | Province * |
| <input type="text"/> | <input type="text"/> |
| Broker of Record (Managing Broker) Name * | Deal Administrator (Conveyancer) Name * |
| <input type="text"/> | <input type="text"/> |
| Deal Administrator (Conveyance) Email * | |
| <input type="text"/> | |

By checking the box you: *

1. Certify that all the information you have provided is true and correct. You authorize **AccessEasyFunds Limited and its affiliated companies** to verify this information; and to verify the authenticity of any real estate sale and the ensuing commission for which any advance application is made with your Brokerage office and/or its head office/franchisor and or any successor Brokerage office and/or its head office/franchisor.
2. Consent to receiving commercial electronic messages from AccessEasyFunds Limited and its affiliates to the email address provided above (and/or any revisions to such email address as notified to us by you), containing publications, announcements and other communications. You can withdraw your consent at any time.
3. Acknowledge to having read the AccessEasyFunds Limited Privacy Policy on the AccessEasyFunds website.

REAL ESTATE AGENT SIGNATURE

DATE

Please return by fax or email along with the following pieces of information to complete your New Account Application:

EMAIL: info@accesseasyfunds.com FAX: TOLL FREE 1-888-827-1888

1. Clear copy of both sides of driver's license (with correct legal name)
2. Copy of Annual Commission Statement or T4A's for past two years
3. A VOID cheque (or Direct Deposit Form) to verify and obtain correct bank coordinates for funding purposes.