

Broker Registration Form

Broker Information

Broker Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Work: _____ Mobile: _____

Email address: _____

Web Site: _____

If you have a current need, please fill out information below.

Client Profile for Borrowers

Type of Property Your Client Has:

Office Retail Mixed Use Restaurant

Gas / Conv. Medical Multi-Family Other _____

Loan Amount Requested: \$ _____

Current Market Value: \$ _____

Client Profile for Investors

Type of Property Your Client(s) May Have An Interest in Loaning on:

Office Retail Mixed Use Restaurant

Gas / Conv. Medical Multi-Family Other _____

Amount of Dollars Your Client Wishes to Invest:

Least: \$ _____ Most: \$ _____

Return completed Broker Registration to: Paul Joseph

Email: paul@AustinPrivateFunding.com

**Address: 1406 Camp Craft Road
Suite 200-D
Austin, Texas 78746**