



**SECTION 4. OTHER TERMS**

This agreement shall be in effect for \_\_\_\_\_ days from the execution date of this agreement. No statement or representation by a loan broker is valid or enforceable unless the statement or representation is in writing.

**(Insert Loan Broker Name)** IS LICENSED UNDER THE LAWS OF THE STATE OF INDIANA AND BY STATE LAW IS SUBJECT TO THE REGULATORY OVERSIGHT BY THE AGENCY SELECTED BELOW. ANY CONSUMER WISHING TO FILE A COMPLAINT AGAINST OR INQUIRY REGARDING THE LICENSE STATUS OF **(Insert Loan Broker Name)** SHOULD CONTACT THE AGENCY SELECTED THROUGH ONE OF THE MEANS LISTED BELOW:

INDIANA DEPARTMENT OF FINANCIAL INSTITUTIONS

**BY U.S. MAIL:**  
30 S. MERIDIAN, SUITE 300  
INDIANAPOLIS, IN 46204

**BY TELEPHONE:**  
1-317-232-5849 or  
1-800-382-4880

**BY INTERNET:**  
<http://www.in.gov/DFI>

INDIANA SECRETARY OF STATE'S SECURITIES DIVISION

**BY U.S. MAIL:**  
302 W. WASHINGTON ST. ROOM E-111  
INDIANAPOLIS, IN 46204

**BY TELEPHONE:**  
1-800-223-8791

**BY INTERNET:**  
<http://www.in.gov/sos/securities/>

By signing below, applicant(s) acknowledge receipt of a copy of this signed Agreement.

**MORTGAGE LOAN ORIGINATOR**

**APPLICANT(S)**

\_\_\_\_\_  
*Company Name*                      *License Number*

\_\_\_\_\_  
*Applicant Name(s)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone/Fax*

\_\_\_\_\_  
*Borrower Signature*

\_\_\_\_\_  
*Loan Originator Signature*                      *License Number*

\_\_\_\_\_  
*Co-Borrower Signature*

*Date Signed:* \_\_\_\_\_

*Date Signed:* \_\_\_\_\_