

# AFFILIATED FUNDING CORPORATION

## Broker Agreement

This Broker Agreement is made and entered into this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between AFFILIATED FUNDING CORPORATION, whose business address is PO Box 711537, Salt Lake City, UT 84171-1537, (Hereinafter referred to as "AFC") and \_\_\_\_\_, Broker-Associate, whose business address is \_\_\_\_\_.

- 1. CLIENT SUBMISSION.** Broker-Associate has commercial clients to submit to Affiliated Funding Corporation (hereinafter referred to as the "Client"), for AFC's evaluation and possible acceptance, in accordance with AFC's instructions to Broker-Associate and the terms and provisions of this Agreement.
- 2. COMPENSATION.** In consideration for submission of the Client, AFC's agrees to pay Broker-Associate \_\_\_\_ % (percent) (or mutually agreed upon rate not to exceed \_\_\_\_%) of all gross revenue generated from the Client.
- 3. TERM.** This Agreement becomes effective on the date of execution hereof, shall remain in full force and effect thereafter, and shall not be affected by any lapse of time between the date hereof and the date on which AFC and Client begin doing business or by the execution, termination, or replacement of any agreement between AFC and the Client.
- 4. NO ASSIGNMENT.** Neither this Agreement nor any duties or obligations under this Agreement may be assigned by AFC.
- 5. ENTIRE AGREEMENT.** This Agreement supersedes any and all agreements, either oral or written, between the parties hereto with respect to the Client submitted to AFC. Both parties agree that no representations, inducements, promises, or agreements, oral or otherwise, have been made by any party, or anyone acting on behalf of any party, which are not embodied herein, and that no other agreement, statement or promise not contained herein shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing and signed by both parties.

Executed the day and year first above written at the City of Salt Lake City, State of Utah.

### **BROKER - ASSOCIATE**

By: \_\_\_\_\_

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Social Security No / EIN #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

### **Affiliated Funding Corporation**

by:

Print Name:

Title: