



BRANCH APPLICATION
SUBMISSION CHECKLIST



Date _____

The applicant named below applies for approval from American Freedom Group, Inc. as a branch office.

PART A: Applicant Information

IRS Tax ID # (required): _____

Branch Manager: _____

Business Legal Name (if any): _____

Doing Business As if any): _____

Business Address: _____

Mailing Address: _____

(if different) _____

Telephone Number: _____

Fax Number: _____

Cell Phone Number: _____

E-mail Address: _____

Web Address: _____

Business type: Sole Proprietorship: * S Corporation:
Partnership/LLC: * C Corporation:

Date business started: _____

* Date incorporated: _____

* State incorporated in: _____

PART B: Supporting Documents – Please attach the following

- Branch application(s) for State(s) in which you are applying
- Additional State-specific applications, contracts and agreements
- State Business License(s)
- IRS Form W-9
- Résumés of Company Principal(s)
- Contact information for all staff members (please attach listing: name, title, phone, fax, email)
- Banking authorization, if applicable

PART C: For Office Use Only

State _____ Broker Branch License received? State _____ Broker Branch License received?

State _____ Broker Branch License received? State _____ Broker Branch License received?

Special Instructions:

Make Commission Checks Payable to: _____

List Company Name on AFM Website as: _____

Other Notes: _____
