



FIRST REHAB LENDING

Lending Capital for Real Estate Investors

538 Broadhollow Road, Suite 401, Melville, NY 11747 | Phone: 888-276-6565 | Email: info@frlinvestors.com

By Virtue of its signature below, and, as of the date indicated below

_____ Willfully represents and warrants to
(Company Name)

First Rehab Lending the following:

- ✓ Broker is licensed and/or legally permitted to participate in the business of brokering commercial real estate loans and shall provide FRL with all required/requested documentation supporting said assertion.
- ✓ Broker has and will comply with all local, state and federal laws and regulations as it relates to the conducting of its business.
- ✓ All documentation submitted to FRL by Broker is, to the best of Brokers knowledge, true, complete and accurate.
- ✓ Broker hereby authorizes FRL to forward to Broker any and all documentation via its facsimile number or e-mail address whether said documentation is or is not specific transaction related, including but not limited to any marketing material FRL may choose to forward to Broker.
- ✓ Unless otherwise agreed upon by FRL, FRL is not responsible or liable for fees or commissions due to Broker from borrower.
- ✓ In the event any litigation is to materialize between FRL and Broker both parties agree that said litigation shall be decided in a/the State of New York system of jurisdiction and the prevailing party shall be entitled to receive all costs and fees due or incurred as a result of said litigation including but not limited to reasonable attorney fees.
- ✓ This agreement shall be governed by the laws of the State of New York and all parties agree, by virtue of this agreement and execution thereof, to waive the right to a trial by jury should litigation result in the need for and of a trial.

Please reply to First Rehab Lending with a copy of the Broker License & W9 Form along with this signed document

Info@FRLinvestors.com / 888-276-6565

Legal Company Name: _____

DBA (if different from above) _____

Printed Name: _____ Title: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Signature: _____ Date: _____

First Rehab Lending LLC.

Account Executive: _____ Date: _____