

Broker Exclusivity Agreement

To: Regarding:	CMLS Financial Mortgage Application for:)				
	(Applicant Name)					
	(Co-Applicant Name)					
This letter will	serve to confirm that I/We a	re working exclusiv	ely with			
						of
(Broker Name)						
(Broker Name)						
	lame)					
(Broker Company N		ication submitted to	CMLS Finance	cial.		
(Broker Company N	lame) o a residential mortgage appl	ication submitted to	CMLS Financ	cial.		
(Broker Company N		ication submitted to	CMLS Financ	cial.		
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(Broker Company N		ication submitted to	CMLS Finance	cial.	, 20	
(Broker Company N				cial.	, 20 (Year)	
(Broker Company N as it relates to		this				

Broker to fax signed form to: 1.888.464.2657