

TEXAS STAR BANK, S.S.B.
WAREHOUSE PURCHASE/RESALE APPLICATION

1. MORTGAGE COMPANY

Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Fax Contact Person: _____
Number of Branch Offices: _____
Location of Branch Offices: _____
States Licensed to Do Business In: _____
President: _____
Phone: _____
Fax: _____
Email: _____

2. TYPE OF BUSINESS

Corporation: _____ State: _____
Partnership: _____ Date Founded: _____
Sole Partnership: _____

3. TAX IDENTIFICATION #: _____

4. OFFICERS OF COMPANY

Name/Title: _____
Name/Title: _____
Name/Title: _____

(Please fill out the enclosed "personal background information" sheet on each individual listed)

5. PRINCIPAL OWNERS OF THE COMPANY

Name/Title/% Ownership: _____
Name/Title/% Ownership: _____
Name/Title/% Ownership: _____

(Please provide a current resume on each person listed and "Personal Background Information" on each person listed.)

6. COMPANY APPROVALS

<u>AGENCY</u>	I.D. NUMBER	DATE APPROVED
FHA	_____	_____
DIRECTOR ENDORSEMENT	_____	_____
VA	_____	_____
VA AUTOMATIC	_____	_____
FNMA	_____	_____
FHLMC	_____	_____

(Please attach a copy of each of the approvals.)

7. Has your company ever been suspended from selling loans to any investor?

YES: _____ NO: _____

If yes, give details: _____

8. Has your company or any individual of your company ever been suspended by any agency listed in #6 above?

YES: _____ NO: _____

If yes, give details: _____

9. INVESTOR REFERENCES:

Please provide information below on the investors that you have sold loans to in the last 6 months.

A) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

B) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

C) Name: _____
Address: _____
Phone Number: _____ Contact Person: _____
E-mail: _____

(If approved by additional investors, please enclose a separate sheet with this application containing the above information on each investor)

10. BUSINESS FINANCIAL:

Please attach to this application, a copy of your last two audited financial statements, as well as a copy of the most recent unaudited financial statement.

11. FIDELITY BOND AND ERRORS AND OMISSIONS INSURANCE COVERAGE:

NAME OF INS. CO. EXP. DATE AMT. OF COV.
FIDELITY BOND: _____
E & O INS.: _____

(Please attach a copy of each policy.)

12. HISTORICAL VOLUMES:

Please provide the following information for closed loans during the last 12 months:

TYPE NUMBER OF LOANS AMOUNT
FHA _____
VA _____

CONV _____
TOTAL _____

13. RETAIL/WHOLESALE LENDING:

Please provide a listing of the volumes of both wholesale and retail loans closed during the last 12 months.

<u>TYPE</u>	<u>NUMBER OF LOANS</u>	<u>AMOUNT</u>
RETAIL	_____	_____
WHOLESALE	_____	_____
TOTAL	_____	_____

14. QUALITY CONTROL REPORTS:

Please provide a copy of your internal quality control procedures and a copy of your last two quality control reports submitted to management.

15. Has your company or any officer representing your company been sued or is your company a party to any lawsuit against or involving the company that would have a material adverse effect on the company's operations or financial condition?

16. Please furnish a copy of your default and claim rate as recorded in HUD's mortgage portfolio analysis system (MPAS) if your company is an approved direct endorsement lender.

17. RESUMES

Please provide a resume on each principal, all officers of the company as well as DE underwriters. Also provide a "background information" sheet on each principal and officer.

I affirm that all answers and information submitted in this application are true and correct. I hereby authorize Texas Star Bank, S.S.B., at its discretion, to verify and obtain information on company and principal(s) with any other sources including the Texas Department of Savings and Mortgage Lending, and I hereby waive any cause of action or claim I may have against such source with respect to any information they may provide

By: _____

Name and Title: _____

Date Signed: _____

When application is complete, please mail all information to:

Billy J. Fleming,
bfleming@texas-star-bank.com
101 Gassaway
P. O. Box 368
Lott, TX 76656
254-584-3171 Phone
254-584-2914 Fax

PERSONAL BACKGROUND INFORMATION

MORTGAGE COMPANY NAME

OFFICER/PRINCIPAL'S FULL NAME

RESIDENCE ADDRESS

DATE OF BIRTH

PLACE OF BIRTH (CITY AND STATE)

SOCIAL SECURITY NUMBER

DRIVERS LICENSE NUMBER/STATE ISSUED

THE UNDERSIGNED REPRESENTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF SAID INFORMATION. MORTGAGE COMPANY HEREBY AUTHORIZES SOUTHERN BANCSHARES, INC. AND ITS' AFFILIATED BANKS OR BANK'S AGENT, TO OBTAIN A COPY OF MORTGAGE COMPANY OR PRINCIPAL'S CREDIT REPORT AND OBTAIN OTHER INFORMATION RELATED TO THE ABOVE MORTGAGE COMPANY AND ABOVE PRINCIPALS AS BANK DEEMS NECESSARY.

SIGNATURE

DATE

FP RESOURCES
RELEASE FORM

In connection with my application for warehouse purchase/resell application, I understand that consumer reports or investigative consumer reports which may contain public record information may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies, which contain my past activities.

I hereby authorize without reservation, any party or agency contacted by this employer to furnish the above-mentioned information.

I have the right to make a request of FP Resources/Financial Professionals, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above-mentioned reports at any time during our relationship, if approved.

I hereby consent to your obtaining the information from FP Resources or any of their licensed agents. I understand to aid in the proper identification of my file or records, the following information, as well as other information is necessary.

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ ZIP _____ County _____

Drivers License number _____ State _____

Social Security Number _____

FOR IDENTIFICATION PURPOSES

Date of Birth _____ Race _____ Gender _____

Former Names _____

Professional License: State _____ Type _____ Number _____

University/College _____ Campus _____

City/State _____ Type of Degree _____

Signature _____ Date _____

PLEASE LIST FORMER ADDRESSES THAT YOU HAVE LIVED OR WORKED WITHIN THE PAST 5 YEARS ON A SEPARATE SHEET OF PAPER.

PRIVACY POLICY

**TEXAS STAR BANK, S.S.B.
119 CRAIK ST.
MARLIN, TX 76661
PHONE: (254) 883-5533**

Our Privacy Commitment to You. We recognize, respect and protect the personal privacy rights of all our customers. We realize that our customers entrust us with personal information and it is our policy to maintain our customers' information in a confidential manner. We are committed to providing the highest level of security and privacy regarding the collection and use of our customers' personal information, as well as personal information of all consumers who visit our institution and website. If you have any questions regarding this statement please contact us at Texas Star Bank, S.S.B. , P.O. Box 368 Lott, Texas 76656 or 254-584-3171.

Confidentiality and Security of Nonpublic Personal Information. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

Nonpublic Personal Information We Collect. We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications or other forms
- Information about your transactions with us, our affiliates, or others
- Information we receive from a consumer reporting agency

Nonpublic Personal Information We Disclose. We do not disclose nor do we reserve the right to disclose, any nonpublic personal information about our customers or former customers to anyone, except to other nonaffiliated third parties as permitted by law.

Notify Us of Inaccurate Information We Report To Consumer Reporting Agencies. Please notify us if we report any inaccurate information about your account(s) to a consumer reporting agency. Your written notice describing the specific inaccuracy(ies) should be sent to us at the following address: Texas Star Bank, S.S.B. Marlin Branch 119 Craik Street Marlin, TX 76661.

Consumer Complaint Notice. The Texas Star Bank, S.S.B. is chartered under the Laws of the State of Texas and by State Law is subject to regulatory oversight by the Texas Department of Savings and Mortgage Lending. Any consumer wishing to file a complaint against the Texas Star Bank, S.S.B. should contact the Texas Department of Savings and Mortgage Lending through one of the means indicated below:

- In person
- U. S. Mail Texas Department of Savings and Mortgage Lending, 2601 North Lamar Boulevard, Suite 201, Austin, Texas 78705
- Telephone No: 1-877-276-5550
- Fax No. (512) 475-1360
- Website: www.sml.state.tx.us/contacts.html