

To: ARF Financial, LLC ("ARF")

PAYMENT FORM FOR COBRANDED MARKETING MATERIALS

1300 Sawgrass Corporate Parkway, Suite 120, Sunrise, FL 33323 Phone: 866-702-4430 • Email: validation@arffinancial.com

From:		("Referral Partner")		
The above listed Loan Stars Referral F materials, ARF landing page and online between ARF and Referral Partner as f	e application customization			_
RP Credit Card Information:	\$250.00 payment for co	obranded marketing ma	terials	
Name as it appears on Card:				
Type of Card:				
Card Number:				
Expiration Date & Security Code:	Expiration Date:	Security Code:	Billing Zip Code	o:
Election to Charge Credit Card:	Member to initial below as ap	plicable:		
	I authorize this credit card be	charged for cobranded marke	ting materials [] RP's initials
Date:				
"REFERRAL PARTNER"				
Entity Name:				
Signature:				
Print Name:				
Title:				

PLEASE COMPLETE PERSONALIZATION INFORMATION ON THE NEXT PAGE

LOAN STARS COBRANDED MARKETING MATERIALS AND CUSTOMIZATIONS PERSONALIZATION FORM

Please provide the contact information below as you would like it to appear on your marketing materials, landing page and online application customizations. You may submit your hi-resolution logo via email to funding@arffinancial.com in one of the following file formats: .png, .eps, .jpeg, .tiff, or .pdf. You may also submit a hi-resolution headshot in any of the file formats listed above. Please allow 7 to 10 business days for completion of your materials after receipt of your payment and your logo.

Company Name:
Contact First Name:
Contact Last Name:
Title:
Phone Number:
Email Address:
Mailing Address:
City, State, Zip Code:
My Assigned Loan Consultant: