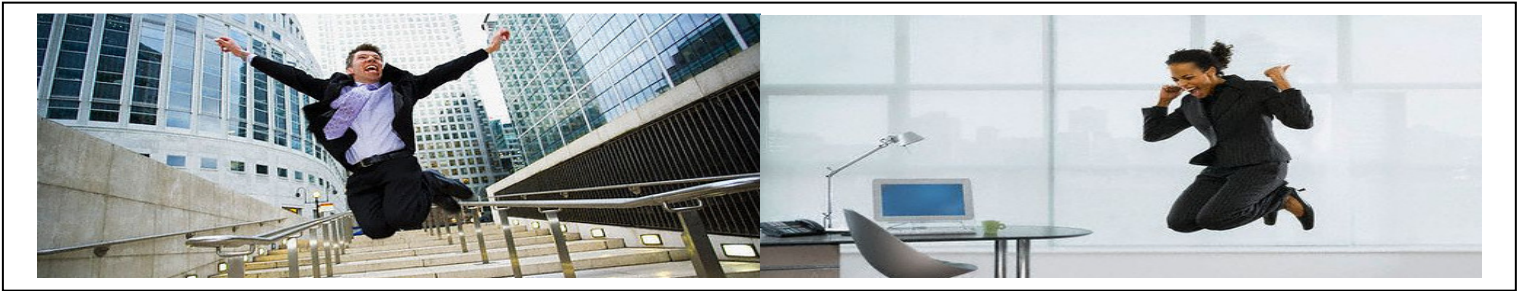




LENDING CLUB

BUSINESS AFFILIATE PROGRAM FOR COMMERCIAL LEAD GENERATION



Membership Application Form for Affiliates

1. Your Name: Mr./ Ms. _____
2. Your Company Name: _____
3. Office Phone: (____) _____ Office Fax: (____) _____ Other Phone: Cell/pager etc.. (____) _____
4. E-mail: _____ Office Web Site: _____
5. Office Address: _____ City: _____ State _____ Zip _____
6. Your position with the company: _____
7. Please indicate whether this application is for: Individual DBA Partnership Corporation Other _____

Name of the Person/Project for which the loan is sought _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership if granted.

I hereby agree with the enclosed terms & conditions of affiliate program and submit the above information for your consideration.

X SIGNATURE: _____ **DATE:** ____/____/____

FAX YOUR DULY FILLED OUT, SIGNED AND DATED APPLICATION TO 703-941-3270
OR MAIL DIRECTLY TO ATTN. AFFILIATE PROGRAM, THE LENDING CLUB, LLC. 6303 LITTLE RIVER TURNPIKE, SUITE 230, ALEXANDRIA, VA 22312. IN CASE OF ANY QUESTIONS, PLEASE VISIT OUR WEBSITE WWW.LENDINGCLUB.NET OR CALL OUR TOLL FREE LINE 1-866-952-MINE OR OUR LOCAL LINE 703-941-LOAN.

FOR OFFICIAL USE ONLY

DATE RECEIVED: _____

ACTION DATE: _____

RESULT: _____

MEMBER CODE: _____ COMMISSION % : _____

ACTION SIGNED BY: NAME: _____ SIGNATURE: _____