

CD REQUEST / DOC ORDER FORM

Account Executive: _____ Loan#: _____
 Account Manager: _____ 1st Payment Date: _____
 Borrower(s) on Loan: _____
 Title-Only Borrowers: _____
 Title-Only Borr Email: _____ Title-Only Last 4 SSN: _____
 Spousal State: _____ Property Type: _____
 Vesting: _____

 Product: _____ Program: _____ Note Rate: _____
 Purchase Price: _____ Term: _____ Occupancy: _____
 Base Loan Amount: _____ Upfront MIP: _____ Index %: _____
 Total Loan Amount: _____ Margin %: _____ Jumbo: _____
 MI: _____ LTV/CLTV: _____ Impounds?: _____
 Closing Agent Name: _____
 Closing Agent Email: _____
 Comp Plan: _____ Lender Paid: _____ Borrower Paid: _____

NOTIFICATIONS

Broker/Processor Email: _____ Broker/Processor Phone: _____

BROKER/LENDER FEES	%	AMOUNT
Broker Compensation Fee:		
Broker Processing Fee: (Must be 3rd party with invoice or must be borrower paid transaction with total charges under selected max lender comp and/or QM max fees)		
Broker Admin Fee:		
Broker Misc. Fee:		
CHMW Underwriting Fee: (If blank, please state reason) ie: Underwriting fee buyout		
Discount Fee:		
Credit to Borrower		
Broker Credit Report Fee: (Must submit ALL invoices to match <= amount disclosed on LE. Fees over amount disclosed will not be reimbursed)		
Appraisal Amount: \$		
Is it POC: YES NO		
Is Broker to be re-imbursed?: YES NO		

By signing below, broker attests that doc order is correct and all fees/credits including 7 Days Pays have been accounted for above.

Broker Signature: _____ Date: _____