

DOC REQUEST FORM

Request Date:		
an #: Account Executive:		
GENERAL INFORMATION		
Borrower Name:	Loan Amou	nt: \$
lon-Borrowing Spouse Name: Interest I		
Non-Borrowing Spouse Email:		
PROVED INFORMATION		
BROKER INFORMATION	Draggar Name	
Phone Number:		
Email Address:	Elliali Audress.	
CLOSING AGENT INFORMATION		
Company Name:	Company License #:	
Contact Name:	Contact Email Address:	
Phone Number:	Email for Loan Doc Delivery:	
Vesting:		
☐ POA ☐ LLC		
BROKER COMPENSATION		LOANWYSE FEES
Origination Fee: \$ % Amount:		Non-QM: \$1,795.00
Flat Fee: \$ In-House Processing:	Total Flat Fee: \$	Commercial: \$3,495.00
3rd Party Processing Fee: \$		Jumbo: \$1,495.00
Credit Report: \$		Agency: \$1,195.00 Condo Review: \$300.00
Appraisal Fee: \$ POC	Pay to Broker	2nd Mortgages: \$995.00
TITLE/ESCROW FEES		
Provide an updated Settlement Statement for all additional	Fees.	
Title Insurance: \$	Owner's Title: \$	
Closing/Escrow Fee: \$		
Notary Fee: \$		
CPL Fee: \$		
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Broker Signature:	Date:	

