



Mortgage Services III, LLC

Account Executive:

Broker/Wholesale Application

Applicant Information			
Legal Name of Company:			
DBA:		Company Tax ID#:	
Mailing Address:		# Of Branches:	Loan Origination Software:
Primary Contact:		Secondary Contact:	
Phone:		Phone:	
Fax:		Fax:	
Email:		Email:	
Destination for Daily Rates: <input type="checkbox"/> Fax <input type="checkbox"/> Email		Rates Fax # or Email Address:	
Date Incorporated:		State of Incorporation:	
Business Type: <input type="checkbox"/> Broker <input type="checkbox"/> Bank <input type="checkbox"/> Credit Union		Broker: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC or Inc. (Circle one)	Bank: <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Community
Broker License Information			
Name License Issued to (Home State):			
License Number:		Date Issued:	
Expiration Date:		<i>*Please attach a list of all Licensed States and License Numbers.</i>	
Principal Information			
Name:	Title:	Social Security #:	% Owned
Name:	Title:	Social Security #:	% Owned
Name:	Title:	Social Security #:	% Owned
Wire Instructions (Table Funding)			
Destination Bank:		Destination ABA#:	
Acct. Name to be Credited:		Acct. # to be Credited:	
Bank Phone #:		Bank Fax #:	

References

Investor: Company Name:	Contact Person:	Title:
Address:	Phone #:	
Company Name:	Contact Person:	Title:
Address:	Phone #:	
Company Name:	Contact Person:	Title:
Address:	Phone #:	

Agency Approvals


Agency	Seller/Service # & Date Approved:	Has your company ever been suspended or your approval status been subject to disciplinary actions? If yes, explain:
<input type="checkbox"/> FHA <input type="checkbox"/> Direct Endorsement		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> VA <input type="checkbox"/> Automatic Approved		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Fannie Mae		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Freddie Mac		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> GNMA		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Yes <input type="checkbox"/> No

Production

YTD Production:	% Conv:	% Gov't
Previous Year Production:	% Conv:	% Gov't

Signatures and Acknowledgements

It is understood that all information provided to MSI and contained in this application may be used by MSI to review and approve the applicant to participate in the MSI Wholesale program. The applicant hereby authorizes such use and certifies that by signing the application the applicant is granting permission for a credit report to be ordered on your firm and/or personnel in your firm.

Signed:		Title:
Print Name:		Date:

MSI Use Only:

Received By: _____

Approved By: _____

Date: _____

Date: _____

(Revised 10/07bdd)



Mortgage Services III, LLC Viable Branch Form

I _____ verify that the following branch is in good standing
(Corporate Officer Name)

with _____. I also confirm that we would like to
(Corporate Name & MSI ID Number)

have the following branch set up individually with Mortgage Services III, LLC.

Branch Information:

<u>Branch Name (DBA):</u>		
<u>Street:</u>		
<u>City:</u>	<u>State:</u>	<u>Zip:</u>
<u>Branch Manager:</u>		
<u>Email Address:</u>		
<u>Phone:</u>	<u>Fax:</u>	
<u>Tax ID#:</u>	<u>Comments:</u>	



Mortgage Services III, LLC

Fax/E-mail Permission Form

Yes! We would like Mortgage Services III, L.L.C. to send us facsimiles/e-mails, including rate sheets, promotional materials, bulletins, announcements and other materials so we can take full advantage of the various programs and services offered by Mortgage Services III, L.L.C.

Please list all fax numbers/E-mail addresses that can be used to provide you with the latest information from Mortgage Services III, L.L.C.:

_____	_____
_____	_____
_____	_____

Please acknowledge consent by signing below:

Name of Company: _____

Name/Title of Authorized Representative (Please print clearly): _____

Signature of Authorized Representative: _____



Date: _____

Mortgage Services III, L.L.C.
205 N. Williamsburg
Bloomington, IL 61704
(309) 664-9100
www.msiloans.biz

(Revised 10/07bdd)



Mortgage Services III, LLC

(Optional Information) Company Contact Information Loan Officer Licensing

In accordance with the new licensing requirements for various states, we ask that, **IF APPLICABLE**, you provide the name and license number for each loan officer within your brokerage. If your office contains more loan officers than this form allows please photocopy the blank sheet and add names as necessary.

In an effort to provide the best, most complete, and up to date information regarding Solutions programs, specials, and business news we ask that you provide a complete

list of your employees whom will be interacting with our company. This list should include the Principals of the company, Loan Officers, and Processors.

Broker Name: _____

Office Location: _____

Employee Name	Position	Loan Officer License Number	License Expiration Date	Direct Phone	Cell Phone	Direct Fax	Email