



DOC ORDER FORM

2475 Village View Drive, Suite 100, Henderson, NV 89074 | 866.762.3940 | www.myndm.com

Borrower Name: \_\_\_\_\_ Broker Name: \_\_\_\_\_

(Must exactly match credit report, fhac & Vesting)

Account Manager: \_\_\_\_\_

Title Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Escrow Co.: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Escrow Email: \_\_\_\_\_

Is there a Non-Purchasing Owner  Yes  No Name of Non Purchasing Owner: \_\_\_\_\_

Is the loan closing in a Trust?  Yes  No

Is a POA for Borrower being used?  Yes  No

Closing in LLC  Yes  No Name of LLC: \_\_\_\_\_

Email DOCS to (Must be to Escrowor Title Co. on file): \_\_\_\_\_

VESTING to read as Follows (Must be accurate): \_\_\_\_\_

Estimated closing date: \_\_\_\_\_ First payment date: \_\_\_\_\_

Loan Program

FHA  Conv  VA  DU Refi Plus  Jumbo  USDA  HomeReady  Alt-Prime

Transaction Type

Purchase  Refi Cash-Out  Streamline  Rate /Term

Impounds (Conv)  Yes  No Payoff Net Escrows (NDM to NDM refi only)  Yes  No

Rate and Fees

Interest Rate: \_\_\_\_\_ Total Loan Amount: \_\_\_\_\_

Term in Years: \_\_\_\_\_

Fixed  ARM

Interest Only  Yes  No (Only available on Alt-Prime Products)

Lender Paid Comp  Borrower Paid Comp

DSCR Loans Only (Premium Split) Total \$ \_\_\_\_\_ (or) \_\_\_\_\_ % Paid to Broker \$ \_\_\_\_\_ (or) \_\_\_\_\_ % Paid to Borrower \$ \_\_\_\_\_ (or) \_\_\_\_\_ %

Impounds  Yes  No NDM Refinance  Yes  No If yes, Netting Escrows  Yes  No

Contract Processor Fee: \_\_\_\_\_ Contract Processor Name: \_\_\_\_\_

BROKER FEES (Borrower Paid Compensation Only): \_\_\_\_\_

Origination Fee: \_\_\_\_\_ Broker Other Loan Fee: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL BROKER FEES: \_\_\_\_\_

Appraisal Fee – POC  Yes  No (Must have invoice / fee sheet) Appraised VALUE: \_\_\_\_\_

Broker wants to be reimbursed\* for appraisal fee  Yes  No Amount: \_\_\_\_\_

Credit Report Fee  Yes  No If Yes, MUST HAVE INVOICE and fee sheet Amount: \_\_\_\_\_

Other Fee: \_\_\_\_\_

Broker Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*We cannot reimburse more than what was disclosed to the Borrower