



DOC ORDER FORM

5 Hutton Centre Drive, Suite 200, Santa Ana, CA 92707 | 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