



CUSTOMER SET-UP FORM

Lender or Originator Information

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

Designation: (type of entity: Federal Savings, Bank, Corporation, etc.):

What investor loan plans do you need access to?:

Additional Branches

Please list branch information below:

Branch Name: _____ Branch Code: _____

Branch Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Please return the completed form to:

 Set Up Department
 Digital Docs, Inc.
 4400 Alpha Road
 Dallas, TX 75244
 Fax: 972.720.3377

Attachments to include: 1) Program Description or Product Matrix that reflects the FNMA/ FHLMC form numbers for your notes, riders, and addendums. 2) If you do not use FNMA/ FHLMC, please provide a copy of your notes, riders and addendums 3) A copy of each ARM disclosure for the ARM products you want included on our system.

**CUSTOMER SET-UP FORM****Mortgage
Clause**

Provide the EXACT name and additional verbiage (i.e. "its successors and/or assigns") you require to appear in the closing instructions for proper documentation on the hazard insurance policy.

Name: _____

Address: _____

City/State/Zip: _____

**Return
Address**

Return address for recorded documents:

Name: _____

Address: _____

City/State/Zip: _____

**Payment
Information**

Loan payment address: _____

City/State/Zip: _____

Name of payables contact: _____

Phone: _____ Fax: _____

Email Address: _____

Please return the
completed form to:

Set Up Department
Digital Docs, Inc.
4400 Alpha Road
Dallas, TX 75244
Fax: 972.720.3377

Attachments to include: 1) Program Description or Product Matric that reflects the FNMA/ FHLMC form numbers for your notes, riders, and addendums. 2) If you do not use FNMA/ FHLMC, please provide a copy of your notes, riders and addendums 3) A copy of each ARM disclosure for the ARM products you want included on our system.



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Payment Method And Pricing

To use Digital Docs, you must provide either a Credit Card or Banking Routing Number for payment deductions. We accept Visa, Mastercard, and American Express. We will automatically deduct your number of loans from your account each month; failure to receive funds will result in an automatic suspension of account.

Credit Card Number: _____

Name on Credit Card: _____

CVS Number: _____ Expiration Date: _____

Credit Card Address: _____

City/State/Zip: _____

OR

Bank Name: _____

Bank Account Number: _____

Bank Routing Number: _____

"Digital Docs Direct". The scope of this service includes utilization of DD'S Document Engine, including Forms, calculations, compliance audits and application of business rules for document preparation services. DD generates the Package ordered based upon rules established using the specific attributes of the loan data (e.g., investor, loan program, property type, jurisdiction, etc.). Packages may be defined as either disclosure document packages or closing document packages. The Forms produced by DD comply with applicable federal and state laws and regulations governing mortgage loan documents. The DD Document Engine supports industry standard loan programs. Industry standard loan programs include all Fannie Mae, Freddie Mac, FHA, and VA loan programs currently available. DD will accommodate Licensee specific custom documents to be included in a Package based on the business rules provided by the Licensee (subject to the fees for custom documents).

This service does not include any quality control checking of individual file data, other than by Licensee and the mechanism embedded in the DD Document Engine. The Licensee is responsible for providing the loan data via data entry or data import and verifying the accuracy of such data. Licensee is solely responsible for the accuracy of the transactional loan data.

Digital Docs Direct Service is priced at \$25.00 per loan. Per loan pricing includes unlimited redraws in a 60 day cycle based on the date and package type of the original document request.



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Contact Persons

Who would you like listed as your primary contacts for Digital Docs?

Name of **Quality Control** contact: _____

Phone: _____ Fax: _____

Email: _____

Name of **Operations** contact: _____

Phone: _____ Fax: _____

Email: _____

Name of **Operations** contact: _____

Phone: _____ Fax: _____

Email: _____

eSign

If you would like to set up for an eSign account please contact Michael Farris at:

Phone: **972-720-3322**

or

Email: **michael.farris@loan-docs.com**

How did you hear about Digital Docs?

Please check all that apply:

Referred by Colleague / Company

Digital Docs Representative

Article / Magazine

Search Engine

Email

Mtg Related Tradeshow

Other: _____