



MORTGAGE INVESTMENT SERVICES CORPORATION

Financial Institution Application

Financial Institution Name: _____
Address: _____
Main Phone #: _____ Fax: _____
EIN #: _____ NMLS# _____

Branches to Participate in Mortgage Lending. (*attach additional page(s) as necessary*)

Address: _____
Main Phone #: _____ Fax: _____
EIN #: _____ NMLS# _____

Primary Contacts (including and branch office(s)). *All listed will receive rates and bulletins unless noted otherwise. *Attach additional page(s) as necessary.*

Name	Title	Email Address	NMLS MLO #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Origination Volume	# Conv	\$ Conv	#ARM	\$ARM
Prior Year _____	_____	_____	_____	_____
Current Year (<i>projected</i>) _____	_____	_____	_____	_____
Date Established _____	How long has the institution originated mortgages _____			

Our Institution Closes Home Loans Via:

☐ Title Company ☐ Your Institution/Employee ☐ Escrow Company ☐ Realtor
☐ Borrower's Attorney ☐ Seller's Attorney ☐ Institution's Attorney ☐ Other _____

Has the institution ever been suspended or terminated as a correspondent or broker by any investor or mortgage insurance company? _____ *If YES, please provide details (attach additional sheet if necessary)*

Please attached copies of the resume(s) of the mortgage lending staff.

This form was submitted by:

Name	Title	Date
------	-------	------