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REFINANCE OPENING REQUEST

DATE: _____

BROKER INFORMATION: _____ CONTACT: _____

ADDRESS: _____

LOAN OFFICER NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

PROCESSOR NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

LOAN AMOUNT: _____ CONV. FHA

BORROWER NAME: _____

PROPERTY ADDRESS: _____

BORROWER MAILING ADDRESS: _____

BORROWER CONTACT: PHONE # _____ PHONE # _____

BORROWER EMAIL: _____

BORROWER SOCIAL(S): _____ / _____

PAYOFF INFORMATION

FIRST MORTGAGE: _____ LOAN # _____

SECOND MORTGAGE: _____ LOAN # _____

OTHER PAYOFF: _____

TITLE COMPANY

NAME: _____ REP: _____

Thank you for letting us be part of your transaction. We value your business.