



Bay Docs Software Request Form – Correspondent

Revised 9/5/2017

Organization Legal Name: _____

Organization MERS ID#: _____ Organization FHA ID#: _____

Organization NMLS ID#: _____

Address: _____

Phone: _____ Fax: _____

Correspondent has confirmed with their funding source for Reverse Mortgages. Correspondent will be using:

The Organization acknowledges that the Licensee can view, edit, and otherwise manage all clients the Organization enters into Bay Docs as the parent Organization.

*******This Must be Executed by an Officer of the Company*******

Signature: _____

Name: _____

Title: _____

Date: _____

Each company will be assigned one company administrator. This individual will be responsible for adding and deleting users within the organization. The Company administrator who will manage this responsibility will be:

Full Name: _____

Position: _____

Telephone Number: _____ E-Mail Address: _____

Directions:

Please fill out this form accurately and completely.

Please make sure the proper registered officer of the company is executing this document.

Please complete the Correspondent Loan Purchase Agreement.

E- Mail signed copies to: mreeve@plazahomemortgage.com OR include with documentation sent as part of your correspondent application.

Please call Plaza Reverse at 858-404-0166 or e-mail mreeve@plazahomemortgage.com, if you have not received your log-in information within 48 hours.

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