

# ECONDOSERVICES LENDER/MORTGAGE REQUEST FORM

**Please review this document carefully**

This document outlines your responsibility in connection with the following requested work.  
Fees for certificates are due and owing regardless of whether your transaction closes.

**TO:**

Date

Name of individual requesting information

Company Name

Your transaction reference number (i.e. Loan Number or Escrow Number)

Phone Number

Facsimile Number

Number of Pages  
(Including this Page)

**3**



**econdo  
services**

*Big service. Little price.™*

**DISCLOSURE  
DEPARTMENT**

**PHONE: (425) 637-0420**

**FAX: (425) 637-0429**

The Disclosure Department of Econdoservices is in receipt of your request for a certificate-disclosure document (i.e. escrow questionnaire, lender questionnaire, etc.) Before your request can be processed, we require that you complete Section A, Section B, and Section C below:

**SECTION A**

Name of Individual Requesting Information		Email Address	
Legal Name of Requesting Company		Phone Number	Facsimile Number
Requesting Company Address			
City, State, Zip			
Whether this transaction is a purchase/sale or refinance		<b>Check One:</b> <input type="checkbox"/> Purchase/Sale <input type="checkbox"/> Refinance	
If Refinance: Paying off all prior loans for Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide loan number and mortgagee name to remain intact.			
Condominium Association Name			
Property Street Address		City, State, Zip	
Unit Number	Name of Borrower(s)		Transaction Number (s)

**SECTION B**

Econdoservices charges a fee to process your disclosure document. The charge is billed to whomever requests the document (i.e. escrow, lender or mortgage company). The fee varies depending upon the disclosure document you are requesting and the date by which you require the documentation. Below is a fee schedule that outlines the type of disclosure document, the preparation time by Econdoservices, and the related charge. Indicate type of document and time frame below:

<u>DOCUMENT</u>	<u>PREPARATION TIME</u>	<u>CHARGE</u>
<input type="checkbox"/> Lender/Mortgage Questionnaire	5 business days	\$139.00
<input type="checkbox"/> Expedited Lender/Mortgage Questionnaire	16 business hours	\$220.00
<input type="checkbox"/> Uniform Project Questionnaire	5 business days	\$187.00

**NOTE #1** - Above Preparation Times begin after payment is received. Requests received after 2PM will be considered received on the next business day.

**NOTE #2 - DISCLOSURE DOCUMENT TERMS OF PAYMENT.** All invoices are prepaid by credit card or pre-paid via check. Unpaid amounts accrue interest at a rate of eighteen (18%) percent per annum. Unpaid amounts past 90 days are sent to collection regardless of amount due. **Further, the undersigned understands and agrees that in the event the undersigned fails to make any payments when due under this contract, the undersigned shall pay all costs and expenses, including attorney/legal fees, incurred in collecting any payment due under this contract.**

**NOTE #3 - CORRECTIONS/REVISIONS ONE (1) BUSINESS DAY TURNAROUND.**

**PAYMENT OPTION 1 BY CREDIT CARD**

For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing. ALL INFORMATION IS CONFIDENTIAL.

PLEASE CIRCLE ONE: VISA    MASTERCARD

Requesters Name

Card Holder's Name

Billing Address

City/State/Zip

Card Number

Expiration Date  /

3 Digit Card Verification Number (CVV2 Code)

Payment Amount \$

Signature

Date

Charge backs will be considered delinquent and subject to collection provisions outlined in note #2, Section B

**PAYMENT OPTION 2 PRE-PAYMENT BY CHECK**

(Disclosure work will not commence until payment is received.)

Requesters Name

Signature

Date

Signature indicates payment has been mailed to:  
**Econdoservices, Attention: Disclosure Department**  
 P.O. Box 50444, Bellevue, WA 98015-0444

**SECTION C**

Econdoservices requires a duly authorized agent from your company to sign below accepting the terms of Econdoservices Disclosure work and agrees to pay the charges described herein.

**PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.**

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED CERTIFICATE WORK AND AGREES TO THE SAME. FURTHER THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THIS REQUESTED CERTIFICATE ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THIS CERTIFICATE ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. **FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.**

Name	
Title	
Company	
Signature	Date

**PLEASE MAIL OR FAX THIS COMPLETED FORM TO:**

Econdoservices  
Attention Disclosure Department  
P.O. Box 50444  
Bellevue, WA 98015-0444

**Disclosure Department - Phone**  
(425) 637-0420

**Disclosure Department - Fax**  
(425) 637-0429

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment has been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.