

CORRESPONDENT CONTACT FORM

Thank you for becoming an On Q Financial Partner! In order to better serve you we request that your company complete the below contact information in order to create portal credentials (select the check box for "Portal Credentials Required" for each user). Once complete, please email to LenderSupport@OnQFinancial.com

***Please note, all clients below will be added to On Q announcements.

Company Name: _____ NMLS #: _____

On Q AE: _____

Secondary Department Trade Desk Manager <input type="checkbox"/> Portal Credentials Required	Primary Contact for Secondary <input type="checkbox"/> Portal Credentials Required
Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing	Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing
Final Documents Department <input type="checkbox"/> Portal Credentials Required	Purchase Advices (Person to receive PA) <input type="checkbox"/> Portal Credentials Required
Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing	Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing
Loan Set-Up <input type="checkbox"/> Portal Credentials Required	Post-Closing Department <input type="checkbox"/> Portal Credentials Required
Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing	Name: _____ Email: _____ Phone: _____ Please check for access: <input type="checkbox"/> Prepurchase Review <input type="checkbox"/> Register <input type="checkbox"/> Pricing <input type="checkbox"/> Manager <input type="checkbox"/> Purchase Advise <input type="checkbox"/> Processing/Post Closing

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CORRESPONDENT CONTACT FORM

Additional Users Needing Credentials for Portal

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |

Name: _____
Email: _____
Phone: _____
Position: _____

Please check for access:

- | | |
|---|--|
| <input type="checkbox"/> Prepurchase Review | <input type="checkbox"/> Register |
| <input type="checkbox"/> Pricing | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Purchase Advise | <input type="checkbox"/> Processing/Post Closing |