

"Superior Service for Superior Clients"

## **Loan Servicing Order Form**

## **Client Contact Info**

Contact Company Name:			
Contact Name: Additional Contact:			
Address:			
City:	State:	Zip:	
Work Phone:	Cell Phone:	Email:	
Borrower Information			
Borrower Name:	SS#/Tax ID:		
Co-Borrower Name:	SS#/Tax ID:		
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Ph	one:
Contact Name (if borrow	er is a company):	Email:	
Loan Information			
1ST TD/MTG			
Property Address:			
Interest Only Partial Amortization Full Amortization			
Prepayment Penalty:  Yes No Prepay Expires:			
Loan Term: (Months) Payment Frequency:			
Interest Rate: Sold Rate Late Charge %: No. of Days Until Late:			
Late Fee Distribution: Lender SLS 50% Other			
Servicing Fee Per/Lender Per/Month: \$20.00 File Setup Fee \$30.00			
Servicing Paid By: Lender:  Other: File Setup Paid By: Lender:  Other:			
Additional Information:			
Loan Status: (check all that apply) Foreclosure   Bankruptcy   Loan Modification   Forbearance Plan			
Loan Type: (check all that apply) Purchase  Refinance  Residential  Commercial  Other			
Owner Occupied:  Yes No			
SLS Held Funds All funds must be made payable to Superior Loan Servicing.			
Interest Reserves – Am	ount:	# of Months	
Rehab/Construction Res	serves – Amount:	# of Draws	(additional fees for distribution apply)
Other*: Amount:	Description:		(*additional fees may apply)
Impound Account: ☐ Yes (\$45 Setup Fee/ \$20 per month/per loan) ☐ No			
Property Tax Amount: 1st Installment \$ 2nd Installment \$			
Property Insurance: Annual Premium \$			

Required Documents

Please submit the following documents along with your order to

Servicing@slsbox.com. - Note / Deed of Trust or Mortgage / Borrower & Lender W-9's / Closing Statement /

Evidence of Insurance / All other collection related documents – Personal Guaranty, Riders or Addendums to the Note or Deed of Trust, Back End Fee Agreements, rehab/construction draw agreements.