



950 John Daly Blvd. Suite 200, Daly City, CA Tel: (650) 755-7293 / Fax: (650) 755-7064

Final Document Request Form

Borrower's Name \_\_\_\_\_ Borrower's Name \_\_\_\_\_

VESTING \_\_\_\_\_

SUBJECT PROPERTY ADDRESS \_\_\_\_\_

LOAN AMOUNT \_\_\_\_\_ TERM \_\_\_\_\_ RATE \_\_\_\_\_

PREPAYMENT PENALTY \_\_\_\_\_ PREPAID INTEREST \_\_\_\_\_

**BROKER FEES**

Origination Points	_____	\$	_____
Appraisal Fee	_____ POC	\$	_____
Credit Report Fee	_____ POC	\$	_____
Processing Fee	_____	\$	_____
Other Fee	_____	\$	_____

**Saxe Mortgage Co. Fees**

Discount Points	_____	\$	_____
Processing Fee	_____	\$	795.00
Doc Prep Fee	_____	\$	350.00
Wire Fee	_____	\$	25.00
Other Fees	_____	\$	_____

Special Instructions: \_\_\_\_\_

Send Documents To: \_\_\_\_\_ Att: \_\_\_\_\_  
Company Name Escrow Officer

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Submitting Broker: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Broker's Signature

\_\_\_\_\_  
Borrower's Signature