



Setup Information

Company Legal Name: _____ Tax ID: _____

Address: _____ Date Established: _____

City, State, Zip: _____ Corp. Officer Name: _____

Phone: _____ Corp. Officer Title: _____

Fax: _____

MAM System Access User Contact Name: _____ Business Role: _____

Department: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

MAM System Access User Contact Name: _____ Business Role: _____

Department: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

MAM System Access User Contact Name: _____ Business Role: _____

Department: _____ Title: _____

Email: _____

Phone: _____ Fax: _____

MERS Org. ID #: _____ FHA ID#: _____

Full Eagle: Yes No VA ID #: _____