

Customer Profile

RealEC Technologies



1221 Dyer Rd Ste 205 Santa Ana, CA 92705

Email: reccs@microgeneral.com

Fax: 949-221-2348

Company Information

Date:
Company Name:
Street Address:
City:
State: Zip Code:
Primary Phone Number:
Primary Fax Number:

Contact Information

Primary Contact:
Phone Number:
Email Address:
Technical Contact:
Phone Number:
Email Address:
Company Web Site:

Technical Information

Loan Origination Software:

Service Order Method: RealEC Web RealEC Integration Calyx/Point Other: _____

Please setup e-mail notification for the selected events (multiple or group email addresses can be supported):

- Service Not Accepted by Vendor
- Service Confirmed
- Product Delivered to Customer
- Document Delivered to Customer
- Comments
- Service Delayed

Email Address(es): _____

Either (1) enter Name(s), Username(s) and Password(s) or (2) enter Name(s) and Security level(s) and RealEC will create Username(s) and Password(s).

Name	Username	Password	Email	Security (select one)

INTERNAL USE ONLY:	CRM:	Sales Source:	Translator	Est. Rollout Date:
Integration Candidate:	Service Providers Notified: (If applicable)		Comments:	

AUTOMATED VALUATIONS – Please select all that apply

APV Index Model APV Multi-Model Hedonic Automated Property Valuation
 Platinum Platinum Plus FHLC HVE-Home Value Estimator
 Basis 100 PASS

Automated Valuations Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

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APPRAISAL Products – Please select all that apply

- | | |
|--|---|
| <input type="checkbox"/> Addenda Req. Fee
<input type="checkbox"/> Addenda Request No Fee
<input type="checkbox"/> BPO
<input type="checkbox"/> Certified Market Analysis (CMA)
<input type="checkbox"/> Comp Check
<input type="checkbox"/> Comp Rent Schedule (1007/216)
<input type="checkbox"/> Condition/Marketability Exterior (2070)
<input type="checkbox"/> Condition/Marketability Interior (2070)
<input type="checkbox"/> Condominium (1073/465)
<input type="checkbox"/> Condo Addendum (1073a/465a)
<input type="checkbox"/> Construction Inspection Report
<input type="checkbox"/> Desk Review Complete (2006)
<input type="checkbox"/> Desk Review Limited (2075)
<input type="checkbox"/> Drive By (2065)
<input type="checkbox"/> Drive By (2055) Ext w/Comp Photos
<input type="checkbox"/> Drive By (2055) Int. w/Comp Photos
<input type="checkbox"/> Drive By with Exterior (2055)
<input type="checkbox"/> Drive By with Interior (2055)
<input type="checkbox"/> DU Property Inspection (2075)
<input type="checkbox"/> DU Qualitative Analysis (2065) | <input type="checkbox"/> DU Quantitative Analysis Ext. (2055)
<input type="checkbox"/> DU Quantitative Analysis Int. (2055)
<input type="checkbox"/> Employee Relocation (ERC)
<input type="checkbox"/> Field Review (2000)
<input type="checkbox"/> Final Inspection (442)
<input type="checkbox"/> Full (1004)
<input type="checkbox"/> Full – FHA (1004)
<input type="checkbox"/> Individual Cooperative Interest (1075)
<input type="checkbox"/> Land Appraisal Report
<input type="checkbox"/> Operating Income Statement (216/996)
<input type="checkbox"/> Property Insp. (Cond/Market 2075)
<input type="checkbox"/> Quantitative Analysis Report Ext. (704)
<input type="checkbox"/> Quantitative Analysis Report Int. (704)
<input type="checkbox"/> Re-Certification of Value
<input type="checkbox"/> Restricted App. (Blakewood/US Forms)
<input type="checkbox"/> Review
<input type="checkbox"/> Small Residential Income (1025)
<input type="checkbox"/> Small Residential Income FHA(1025)
<input type="checkbox"/> Tax Assessed Value |
|--|---|

Appraisal Provider:

Company Name: _____ Point of Contact: _____
 Email Address: _____ Telephone Number: _____
 City, State: _____ Account/Reference Number: _____

Appraisal Provider:

Company Name: _____ Point of Contact: _____
 Email Address: _____ Telephone Number: _____
 City, State: _____ Account/Reference Number: _____

Appraisal Provider:

Company Name: _____ Point of Contact: _____
 Email Address: _____ Telephone Number: _____
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Company Name: _____ Point of Contact: _____
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BUSINESS CREDIT REPORTS – Please select all that apply

- Business Owner Profile Business Profile Report Business Summary Commercial Intelliscore Report
 Public Records Report Small Business Intelliscore Report UCC Detail Report

Business Credit Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Business Credit Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

CONSUMER CREDIT REPORTS - Please select all that apply

- Single-in-file Agency Select Equifax Trans Union Experian
 Two-in-file merge Agency Select Equifax Trans Union Experian
 Three-in-file – merge

Consumer Credit Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Consumer Credit Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

DOCUMENT SERVICES Products – please select all that apply

- Document Signing – 1 set or 2 sets Pre Closing and Signing Documents
 Printing Docs, QC and signing Single Document Telephone Closing

Document Services Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Document Services Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

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ESCROW / CLOSING Products – Please select all that apply

- Closing and Escrow Commercial Closing Courtesy Closing Sub – Escrow
 Document Filing Document Signing Service Full Closing-Centralized (Full ALTA)

Escrow/Closing Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Escrow/Closing Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Escrow/Closing Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Escrow/Closing Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

FLOOD Products – Please select all that apply

- Basic Certificate Basic Certificate w/Census Info. Life of Loan Certificate
 Life of Loan Certificate w/Census Info. Life of Loan Upgrade

Flood Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

Flood Provider:

Company Name: _____ Point of Contact: _____
Email Address: _____ Telephone Number: _____
City, State: _____ Account/Reference Number: _____

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TITLE Products – Please select all that apply

- | | |
|---|---|
| <input type="checkbox"/> ALTA Jr. Title Policy
<input type="checkbox"/> Commitment/Prelim with Closing
<input type="checkbox"/> Commitment/Preliminary Report
<input type="checkbox"/> Commitment/Preliminary Report (Commercial)
<input type="checkbox"/> Copies of Documents
<input type="checkbox"/> Deed Information Report Update
<input type="checkbox"/> Foreclosure Search
<input type="checkbox"/> FT – Deed Report
<input type="checkbox"/> FT – Property Profile
<input type="checkbox"/> FT – Deed Information Report
<input type="checkbox"/> FT – Property Report
<input type="checkbox"/> FT – Property Report Plus | <input type="checkbox"/> LCP – Flag Policy
<input type="checkbox"/> LCP – Flag 65 Policy
<input type="checkbox"/> Legals Only
<input type="checkbox"/> Last Deed of Record
<input type="checkbox"/> Last Deed of Record with Mtg. Schedule
<input type="checkbox"/> Limited Coverage Product
<input type="checkbox"/> Property Report Plus Update
<input type="checkbox"/> Property Report Update
<input type="checkbox"/> Title Report
<input type="checkbox"/> Title Report (Commercial)
<input type="checkbox"/> Updates |
|---|---|

Title Provider:

Company Name: _____	Point of Contact: _____
Email Address: _____	Telephone Number: _____
City, State: _____	Account/Reference Number: _____

Title Provider:

Company Name: _____	Point of Contact: _____
Email Address: _____	Telephone Number: _____
City, State: _____	Account/Reference Number: _____

Title Provider:

Company Name: _____	Point of Contact: _____
Email Address: _____	Telephone Number: _____
City, State: _____	Account/Reference Number: _____

Title Provider:

Company Name: _____	Point of Contact: _____
Email Address: _____	Telephone Number: _____
City, State: _____	Account/Reference Number: _____

TAX SERVICE – Please select all that apply

- B-Service – Delinquency
 C-Service – Impound/Escrow

Tax Service Provider:

Company Name: _____	Point of Contact: _____
Email Address: _____	Telephone Number: _____
City, State: _____	Account/Reference Number: _____