



Rate Lock and Doc Request Form

Fax To:
(949) 271-5028

Lock Desk Phone: (714) 834-1240

Date: _____
Lock cut off: 3:00 pm PST

BROKER INFORMATION

BROKER Name: _____ Broker's ID#: _____
Agent: _____ Phone: _____ Fax: _____
Account Executive: _____

BORROWER INFORMATION

Borrower(s): _____ Credit Score: _____
Co-Borrower(s): _____ Credit Score: _____
Property Address: _____
City: _____ State: _____ Close of Escrow Date: _____
County: _____ Zip: _____

LOAN INFORMATION

Loan Purpose: Purchase Cashout Refi Rate/Term Refi
Property Type: SFR Condo PUD Occupancy: Primary Non-owner 2nd Hm
Documentation Level: Full Doc Stated # Units: 1 2 3 4
Loan Amount: \$ _____ Sales Price: \$ _____
Loan Program: _____ Appraised Value: \$ _____
LTV: _____% CLTV: _____% Prepay: _____yrs. Soft / Hard
Margin: _____% Life Cap: _____% MI: Required No
Index: 1 yr LIBOR 6 mo LIBOR Term: 30 Yr 40 Yr 35 yr Int Only
1 mo LIBOR American Dream
Index Value: _____% Processor: _____

RATE LOCK DEMAND

Lock Period: 10 21 30 40 45 60 Extension LOCK EXPIRATION DATE: _____

Base/Pay Rate: _____ Adjustments: _____ Final Rate: _____	Base Price: _____ Adjustments: _____ Final Price: _____	Base Margin: _____ Adjustments: _____ Final Margin: _____	Life Cap: _____ Adjustments: _____ Final Life Cap: _____
---	---	---	--

FEE SCHEDULE AND DEMAND

To All American Finance		Broker Fees	
Items To Be Paid by Borrower in Escrow	Loan Cost: _____ % \$ _____	IMPOUNDS?	YES / NO
	Administration Fee: \$ _____	Loan Origination: _____ % \$ _____	
	Processing Fee: \$ _____	Rebate: _____ % \$ _____	
	Appraisal Fee: \$ _____	Processing : \$ _____	
	Appraisal Review Fee: \$ _____	Admin : \$ _____	
	Credit Report Fee: \$ _____	Credit : \$ _____	
	Credit Supplement Fee: \$ _____	Appraisal : \$ _____	
	Documentation Fee: \$ _____ 595	Application Fee : \$ _____	
	Underwriting Fee: \$ _____ 795		
	COURIER FEE \$ _____ 25		
Total: \$ _____	Total: \$ _____		

Broker Signature: _____ Date: _____ Faxed on: _____
AAF Confirmation: _____ Date: _____

rev. 10/25/2006

**Rates and pricing subject to change without notice. Please call to confirm pricing prior to faxing demand.

DOCUMENT ORDER FORM

Escrow company: _____ Escrow Officer: _____
Escrow Phone Number: _____ Escrow Fax Number: _____
Escrow Number _____ Escrow Email Address: _____
Vesting: _____
Broker's Signature: _____

Thank you for choosing All American Finance!