

KAPPES MILLER MANAGEMENT ESCROW REQUEST FORM

Please review this document carefully

This document outlines your responsibility in connection with the following requested work.
Fees for certificates are due and owing regardless of whether your transaction closes.

TO:	Date
Name of individual requesting information	
Company Name	
Your transaction reference number (i.e. Loan Number or Escrow Number)	
Phone Number	Facsimile Number



Condominium Management & Services

DISCLOSURE DEPARTMENT

**PHONE: (503) 227-2867
FAX: (503) 227-2932**

SECTION A

The Disclosure Department of Kappes Miller Management is in receipt of your request for a certificate-disclosure document (i.e. escrow questionnaire, lender questionnaire, etc.) Before your request can be processed, we require that you complete the following from in its entirety.

Name of Individual Requesting Information		Email Address	
Legal Name of Requesting Company		Phone Number	Facsimile Number
Requesting Company Address			
City, State, Zip			
Whether this transaction is a purchase/sale or refinance		Check One: <input type="checkbox"/> Purchase/Sale <input type="checkbox"/> Refinance	
If Purchase/Sale, then full name of Seller(s)		If Purchase/Sale, then full name of Buyer(s)	
If Refinance, then full name of Owner			
If Refinance: Paying off all prior loans for Borrower? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, provide loan number and mortgagee name to remain intact.		Loan Number:	
Condominium Association Name			
Property Street Address		City, State, Zip	
Unit Number	Name of Borrower(s)	Transaction Number(s)	

SECTION B

Kappes Miller Management charges a fee to process your disclosure document. The charge is billed to whomever requests the document (i.e. escrow, lender or mortgage company). The fee varies depending upon the disclosure document you are requesting and the date by which you require the documentation. Below is a fee schedule that outlines the type of disclosure document, the preparation time by KMM, and the related charge. Indicate type of document and time frame below:

<u>DOCUMENT</u>	<u>PREPARATION TIME</u>	<u>CHARGE</u>
<input type="checkbox"/> Escrow Questionnaire	3 business days	\$76.00
<input type="checkbox"/> Expedited Escrow Questionnaire	8 business hours	\$156.00

NOTE #1 - Above Preparation Times begin after payment is received. Requests received after 2 p.m. will be considered received on the next business day.

NOTE #2 - DISCLOSURE DOCUMENT TERMS OF PAYMENT. All invoices are due within thirty (30) days of billing or prepaid by credit card. Unpaid amounts accrue interest at a rate of eighteen (18%) percent per annum. Unpaid amounts past 90 days are sent to collection regardless of amount due. **Further, the undersigned understands and agrees that in the event the undersigned fails to make any payments when due under this contract, the undersigned shall pay all costs and expenses, including attorney/legal fees, incurred in collecting any payment due under this contract.**

NOTE #3 - CORRECTIONS/REVISIONS ONE (1) BUSINESS DAY TURNAROUND.

SECTION B

PAYMENT OPTION 1 BY CREDIT CARD

For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing. ALL INFORMATION IS CONFIDENTIAL.

PLEASE CIRCLE ONE: VISA MASTER CARD

Requesters Name

Card Holder's Name

Billing Address

City/State/Zip

Card Number _____

Expiration Date ____ / ____

3 Digit Card Verification Number (CVV2 Code) _____

Payment Amount \$

Signature

Date

Charge backs will be considered delinquent and subject to collection provisions outlined in note #2, Section B

PAYMENT OPTION 2 INVOICE TO RESPONSIBLE PARTY

(Disclosure work will not commence until payment is received.)

Requesters Name

Signature

Date

Signature indicates payment has been mailed to:
Kappes Miller Management, LLC, Attention: Disclosure Department
P.O. Box 3258, Portland, Oregon 97208-3258

SECTION C

Kappes Miller Management, LLC requires a duly authorized agent from your company to sign below accepting the terms of Kappes Miller Management's Disclosure work and agrees to pay the charges described herein.

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED DISCLOSURE WORK AND AGREES TO THE SAME. FURTHER THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THIS REQUESTED DISCLOSURE ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THIS DISCLOSURE DOCUMENT ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. **FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.**

Name	
Title	
Company	
Signature	Date

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

Kappes Miller Management, LLC
Attention Disclosure Department
P.O. Box 3258
Portland, Oregon 97208-3258

Disclosure Department - Phone
(503) 227-2867

Disclosure Department - Fax
(503) 227-2932

Once we have received the completed form and payment, we will process your request. Disclosure work will not commence until this form and payment has been received. Please be advised that an incomplete form may delay the processing of your request. Thank you.