

GOOD FAITH ESTIMATE PROVIDER RELATIONSHIP

Applicants:

Prepared By:

Property Address:

Application No:

Date Prepared:

Lender requires use of the following provider(s) of settlement services **(if none are listed, Lender does not require the use of specified providers):**

Provider _____
Address _____
Phone _____

Provider _____
Address _____
Phone _____

Services to be rendered by this provider are items number _____

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above and the amounts listed are based upon the charges of this provider. If checked, Lender has the following type of business relationship with this provider:

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- The provider is an associate of Lender.
- The provider is an affiliate of Lender.
- The provider is a relative of Lender.
- The provider has an employment, franchise or other business relationship with Lender.
- Within the last 12 months, the provider has maintained an account with Lender or had an outstanding loan or credit arrangement with Lender.
- Within the last 12 months, Lender has repeatedly used or required borrowers to use the services of this provider.

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