

Company Application Form
MARI[®]'s MIDEX[®] ProWatchSM Monitoring Subscription

A. Identifying Information

1. General Information

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Tel #: (_____) _____ - _____ Fax #: (_____) _____ - _____ Federal Tax ID No. _____ - _____

Primary authorized contact name:

Last _____ First _____ Middle _____ Title _____

Date Business Started: ____/____/____ Web site: _____

Email address: _____

Number of Branches: _____ Number of Employees: _____

If at current address for less than 5 years, list all previous addresses for the last 5 years (attach a separate sheet if necessary):

a. From ____/____/____ To ____/____/____

Address: _____

City: _____ State: _____ ZIP Code: _____

b. From ____/____/____ To ____/____/____

Address: _____

City: _____ State: _____ ZIP Code: _____

List all Company DBAs, AKAs, or Former Names (use an attachment if necessary). See fees listed in Section D for monitoring additional names:

DBA #1: _____ Monitor? Y N

DBA #2: _____ Monitor? Y N

Former name #1: _____ Monitor? Y N

Former name #2: _____ Monitor? Y N

2. Please list all principals (use an attachment if necessary). Provide each principal's first, middle and last name.

a. Name: _____ Title: _____

b. Name: _____ Title: _____

c. Name: _____ Title: _____

3. Additional Authorized Contacts: Please list all additional authorized contacts. Provide each contact's first, middle and last name and title.

a. Name: _____ Title: _____

b. Name: _____ Title: _____

c. Name: _____ Title: _____

4. If Company has branches, please check all states in which branches are located.

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Illinois | <input type="checkbox"/> Montana | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Indiana | <input type="checkbox"/> Nebraska | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Iowa | <input type="checkbox"/> Nevada | <input type="checkbox"/> South Dakota |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Kansas | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> California | <input type="checkbox"/> Kentucky | <input type="checkbox"/> New Jersey | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Mexico | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Maine | <input type="checkbox"/> New York | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Maryland | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> D.C. | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Michigan | <input type="checkbox"/> Ohio | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Hawaii | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Oregon | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Idaho | <input type="checkbox"/> Missouri | <input type="checkbox"/> Pennsylvania | |

B. Referral Information

If you were referred to MARI by a MIDE X subscriber to obtain a copy of a certain report, please complete the following:

Subscriber (company): _____ Contact person: _____
Phone number: _____ MARI file number(s): _____

C. Required Documentation

****Along with this application, the following must be submitted by email to infoservices@marisolutions.com****

- Copies of licenses for all states in which company is licensed to do mortgage or manufactured housing business
- Copy of driver’s license or passport for signer of application (or application signature may be notarized)
- Agreement for MIDE X-ProWatch Services signed by a corporate officer

D. Fees and Payment

Fee for MIDE X ProWatch for 12 months of company name monitoring: \$300

Monitoring of additional company names, e.g., DBAs, former names: \$100 each

Please send a check for \$300, plus \$100 for each additional company name, payable to MARI to:

MARI
Attn: MIDE X ProWatch
1819 S. 22nd Ave.
Bozeman, MT 59715

OR enter credit card number below for payment:

- Visa MasterCard American Express

Card Number _____ Exp. Date ____/____/____ Authorization Number _____
From the back of the card

E. Authorized Signature

Only an authorized contact (principal or corporate officer) can sign and date this application.

Signer of this Application represents that he/she has the authority to do so on behalf of the company listed.

Signature: _____ Date: ____/____/____

Print name: _____

Title: _____ Telephone number: (____) _____-

Email address: _____

