Individual Application Form MARI®'s MIDEX® ProWatchSM Monitoring Subscription

A.	Identifying	Information

	Name: Last		First				Middle				
	SSN:	SSN: Date of Birth: /									
	Current Employer:										
	Current Business Addre	ess:									
	City:						ZIP Code:				
	Tel #: ()	_ -	Fax #: ()							
В.	Referral Information	tion									
	If you were referred to MARI by a MIDEX subscriber to obtain a copy of a certain report, please complete the following:										
	Subscriber (company):					Conta	act person:				
	Phone number:		N	MARI	file number(s):					
C	Required Docum	entation									
Ο.	•	*Along with this application, the following must be submitted by email to <u>infoservices@marisolutions.com</u> .**									
 □ Copies of licenses for all states in which individual is licensed to do mortgage or manufactured housing busines □ Copy of driver's license or passport (or application signature may be notarized) 											
	☐ Current resume										
	☐ Signed Agreement										
D.	Fees and Payme	nt									
	Fee for MIDEX ProV	Vatch for 12 mo	nths of individ	ual na	me monitor	ring: \$150					
	Please send a chec	Please send a check for \$150 payable to MARI to:									
MARI											
	Attn: MIDEX ProWatch 1819 S. 22 nd Ave.										
	Bozeman, MT 597	15									
	OR enter credit ca	OR enter credit card number below for payment:									
	☐ Visa ☐	MasterCard	American 1	Expres	S						
	Card Number			E	xp. Date	/	Authorization From the back of the	Number			
E.	Signature										
	Signature:						Date:	//			
	-										

