



Non-QM & Conventional Non-Delegated Correspondent Seller Questionnaire

Company Information		
Date:	Contact Name:	
Company Name:	Contact Number:	
DBA Name:	Contact E-mail:	
Company Address:		
City:	State:	Zip:
Owner's Name:	% of Ownership:	
# of Sales Personnel:	# of Operations Personnel:	
# of Years(s) in Business:	# of Active Warehouses Lines:	
Company's Liquid Net Worth (as shown on financials):		

Volume Information		
% of Retail Originated Volume:	% of Wholesale Volume:	
YTD Volume:	Projected Current Monthly Volume:	Purchase Volume %:
Product Mix	Top 3 Investors	Top 3 Originating States
% Alt Doc:		
% Full Doc:		
% DSCR:		
% Conventional:		

Correspondent Warehouse Banks				
Bank Name	Line Size	Contact Name	Phone	E-mail

LOS System:	Pricing Engine:
Underwriting Outsourced: Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of Vendor:
Name of 3rd party fulfillment center:	
Notes:	

After completing this questionnaire, please send to non-del@bluepointmtg.com. Your completed questionnaire will be reviewed, and you will be contacted to discuss the next steps. Thank you!