Capital One Commercial Banking

Customer Center Registration

Please return completed form to the Loan Servicing Department
Email: servicing@capitalone.com or fax it to us: 855-588-0601

Organization Name: _____

Contact Name: _____

Email Address: _____

Phone Number: _____

Please check one: ☐ New Registration ☐ Add Loans to Existing Account

Loan Number	Loan Name	Owning Entity	Tax ID#

***** If additional lines are required, please print a copy of this form and fill out the loan information fields and sign both sheets. Please include the second sheet with this registration.

I, the undersigned, certify that I am an authorized representative of the Borrower of the loan(s) indicated above, and have permission to view all financial and historical information pertaining to said loan(s).

Signature: _____

Printed Name and Title: _____

Date: _____

FOR CAPITAL ONE
USE ONLY

Registration Processed By: Loan Group:

Date: ID: