Capital One Multifamily Finance

Agency Customer Center Registration

Please return completed form to the Loan Servicing Department
Email: servicing@capitalone.com or fax it to us: 240-507-1880

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 MULTIFAMILY FINANCE USE ONLY

Registration Processed By: Loan Group:

Date: ID: