



SANTIAGO FINANCIAL, INC.

www.santiagofinancial.com

Comparable Sales Service Order Form

email to: info@santiagofinancial.com

Customer Information

Company Name: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Please place a checkmark by the best discription of your organization. We will confirm this information with HCD when we set up your account. We offer a 5% discount if you pay for a full year.

- AGENT - \$360 YEARLY – INDIVIDUAL USER
- DEALER - \$300 QUARTERLY – 2-9 LICENSES
- DEALER - \$450 QUARTERLY – 10-19 LICENSES
- DEALER - \$600 QUARTERLY – 20-29 LICENSES
- DEALER - \$1000 QUARTERLY – 30+ LICENSES
- APPRAISER - \$450 QUARTERLY – 1-10 APPRAISALS PER MONTH
- APPRAISER - \$600 QUARTERLY – 11-20 APPRAISALS PER MONTH
- APPRAISER - \$750 QUARTERLY – 21+ APPRAISALS PER MONTH
- MORTGAGE BROKER - \$450 QUARTERLY – 1-5 MLOs
- MORTGAGE BROKER - \$600 QUARTERLY – 6+ MLOs
- LENDER - \$900 QUARTERLY

When you return this order form please include the **full name and driver license number** of each employee you would like to have access to the comparable sales system. Everyone uses the same userd and each user has their own unique password.

Payment Information

I authorize Santiago Financial Inc. to charge my credit card for payment \$ _____



Card Number: _____

Expiration (mo/yr): _____ 3 or 4 Digit Security Code: _____

Signature: _____ Date: _____



Comparable Sales - Employee Access List

Employee Name	Drivers License Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____