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Independent Note & Contract Servicing, LLC

HOLDBACK and SHORT TERM AGREEMENT

1. Payee Information

Name _____ Phone# _____
 Name _____ Phone# _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Your Requested Password _____

I would like to have my proceeds disbursed:

Electronically by direct deposit to my bank account attach a voided check (allow 2 business days for transaction)

Bank Name _____ Bank Routing # _____

Account # _____ % or amount of disbursement going to this account _____

*If additional disbursements are required, please attach a separate instruction sheet (\$5 fee applies per extra disbursement)

*If there are additional lenders, please complete an additional form.

By check mailed to the address of record. (\$5 fee applies)

2. Payor Information

Name _____ Phone# _____
 Name _____ Phone# _____
 Address _____ City _____ State _____ Zip _____
 Email _____ Your Requested Password _____

Coupons will not be issued on a holdback account, as they are often very short term and only require a few payments. If the account is interest bearing, please request a payoff quote before making the payment. All payoff funds must be certified, either wire or Cashier's check.

3. Fees

The lender will pay _____% of the holdback fee and the borrower will pay _____% of the holdback fee. Additional or optional fees incurred during the collection of the account will be charged to the requesting party unless written instructions are received to the contrary. Please see the fee schedule for the current Holdback fee. If more than two payments will be made or disbursed from this account, it will be considered a normal service account. Please complete a Service Agreement and remit the Establishment Fee.

4. Documents

Please attach your signed Escrow Instructions letting us know the terms of the agreement and our instructions on collecting or disbursing funds. Clear instructions need to be signed by both parties and submitted with this agreement. Make sure you include instructions on how to handle "non-compliance" and "account closure".

5. Authorization

By signing below, I (we) acknowledge that I (we) would like to establish an account with INCS. The TERMS OF SERVICE AGREEMENT ARE ACCEPTED AND AGREED TO. This form must be signed and received with the Holdback Agreement and copies of contractual documents before an account will be established.

Payee's Signature _____ Date _____

Payee's Signature _____ Date _____

Payee's Signature _____ Date _____

Payee's Signature _____ Date _____

6. Loan Questions

Tell us a little about your contract.

Loan Collateral-is this: (check one)

- Real Property
- Business
- Personal
- Unsecured

If Real Property-is it: (check all that apply)

- The primary residence for the buyer
- A rental, vacation or secondary residence for the buyer
- Vacant land
- Agricultural land
- Located in WA State

Property Address: _____

City _____ State _____ Zip _____

Lien Position of this loan: First Second UCC or other