



# MI ACCESS<sup>®</sup>

## Fax Order Form

**MI Company Name:** \_\_\_\_\_

**NOTP/ MSP Number:**

Please provide the name and address of the individual who should receive all of your user login names and passwords. This person will also be responsible for all user additions/deletions to this account.

<b>Contact Name:</b>	
<b>Title:</b>	
<b>Address:</b>	
<b>City/State/Zip:</b>	
<b>Tax County:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail:</b>	

<b>Add</b>	<b>Delete</b>	<b>USER NAMES AND EMAIL ADDRESSES :</b> (attach separate sheet if necessary)	<b>PIN</b> (birth date ex: July 4th = 0704)
<input type="checkbox"/>	<input type="checkbox"/>	<b>Name:</b> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>Email:</b> _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Name:</b> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>Email:</b> _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Name:</b> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>Email:</b> _____	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Name:</b> _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<b>Email:</b> _____	

**Authorized Signature:** \_\_\_\_\_ **Please Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please fax completed form to: (571) 382-4885**  
 Freddie Mac, Customer System Setup, 8250 Jones Branch Drive, MS A2B, McLean, Virginia 22102