SettlementOne

## Application for Provider Partners

*Thank you for joining the SettlementOne Provider Network. Please complete the application below as accurately and thoroughly as possible to expedite the approval process.*

**General Information**

Full Name: _____
First Last

Company Name: _____ Year Licensed: _____

**Billing Information**

Make Checks Payable to: _____

Billing Address: _____ Ste: _____

City: _____ State: _____ Zip: _____

**Physical Address** *(no PO Boxes, please)*

Physical Address: _____ Ste: _____

City: _____ State: _____ Zip: _____

**Contact Information**

Email Address: _____

Alternate Email Address: _____

Phone (Office): _____ Phone (Mobile): _____

FAX: _____

**License Information**

License Type: Select One License #: _____

License Exp. Date: _____

| **Service Area Information** |
|---|
| Enter State(s)/Counties you work in: _____ |
| Enter the zip codes of the areas you work in: _____ |
| |
| |
| |
| |

Please fax completed form to 619-923-3228 or email to appraisal@settlementone.com.

Being an affiliate of the National Association of Broker Price Opinion Providers (NABPOP) may improve your status as a "preferred" provider. www.nabpop.com