Freddie Mac – Secured File Transfer Protocol (SFTP) Registration Form

Company:			
Street Address:			
City:	**State:**		**Zip Code:**
Primary Contact:		**Secondary Contact:**	
Primary Contact Email:		**Secondary Contact Email:**	
Primary Contact Phone:		**Secondary Contact Phone:**	
Account Type: ***Group or Individual***			
Authorized Contacts (*If Group Account)*:			
Source IP Address (Prod) –		**Source IP Address (Backup) –**	
Signature:			
Print Name & Date:			