

Escrow Services, Inc.

Information Needed for Document Preparation

Complete this form and we will prepare the closing documents for you, fax a "draft" to you for approval, and after approved, deliver a closing package to your office.

Contact us (toll free 1-800-654-7870) if you need assistance. Please allow 3 business days for delivery of closing package. Our new account fee is \$385.00, to be collected at closing.

Today's Date: _____, 20____

Your file #: _____ Projected Closing Date: _____ Time: _____

Contact Person: _____ e-mail address: _____

Phone #: (_____) _____ Fax #: (_____) _____

Title Company: _____

Title Company Address: _____

City: _____ State: _____ Zip: _____

Name of Closing Notary to be Preprinted on Docs: _____

Type of Contract (check one): Bond for Deed Installation Option

"Property" Description:

Parish: _____ Subdivision: _____

Lot: _____ Block: _____ Square: _____ District: _____ (New Orleans Only)

Other Legal Description:

Municipal Address: _____

City: _____, Louisiana Zip: _____

Is the property being sold and purchased in "As Is" Condition (check one): Yes No

After Completing, Fax to (866) 436-7259

Email to service@escroservinc.com

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Seller 1 (Name & Soc. Sec. #)	
Seller 2 (Name & Soc. Sec. #)	
Mailing Address (After Closing)	
Seller's Phone #	
Seller's Marital Status	

Purchaser 1 (Name & Soc. Sec. #)	
Purchaser 2 (Name & Soc. Sec. #)	
Mailing Address (After Closing)	
Purchaser's Phone #	
Purchaser's Marital Status	

Purchase Price	\$
Down Payment	\$
Amount Financed	\$
Interest Rate (APR)	_____ %
Monthly P & I Payment	\$
Monthly T & I Payment	\$
First Payment Due Date*	
Final Payment Due Date	

* **Note:** The due date for Purchaser's payments to escrow agent must be 15 days or more before the due date of Owner's mortgage.

Additional payment provisions: _____

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Existing lien(s): ASSUME NONE unless listed below.

There is a mortgage/lien recorded under instrument # (MOB) _____

Date of mortgage: _____

Original Amount: \$ _____ Present Principal Balance: \$ _____

Interest Rate: _____ % (assume fixed unless stated otherwise)

Mortgage Company: _____ Loan # _____

Mailing address for payments: _____

Phone #: (_____) _____ Fax #: (_____) _____

Monthly principal and interest payment: \$ _____ (P & I)

Monthly tax & insurance payment: + _____ (T & I)

Total monthly mortgage payment: \$ _____ (Total)

The next payment is due on: _____, 20 _____

Final payment date on mortgage: _____, 20 _____

Other liens, if any: Check here if there are any additional lien(s), and provide the same information as required above on a separate sheet.

Insurance company:

Hazard policy #: _____ Renewal Date: _____ Premium \$ _____

Flood policy #: _____ Renewal Date: _____ Premium \$ _____

Agent's Name: _____ Phone #: (_____) _____

Special Instructions: _____

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