Escrow Services, Inc.



Private Financing Specialists

Information for Document Preparation

Thank you for using Escrow Services, Inc. Please complete this form and send it to us. We will prepare the Closing Documents and send you a Draft for your approval. Once approved, we will email the final Closing Documents to you.

Our set up fee for New Accounts is \$425, which is to be collected at the Closing.

If you need assistance, please contact our office at 985-626-3727 or 800-654-7870.

Fodays' Date:						
/our File #:		Projected Closing Date:	Time:	a.m. / p.m		
Fitle Company:						
ritle Company Addr	ess:					
City:		State:	Zip:			
Contact Person:		Email:				
Name of Closing No	tary to be Pre-pri	Fax: (
Name of Closing No Fype of Contract:	otary to be Pre-pri (Check one)	nted on Documents:				
Name of Closing No Fype of Contract: Property Descriptic	otary to be Pre-pri (Check one) on:	nted on Documents:	tallment Option			
Name of Closing No Fype of Contract: Property Descriptio Parish:	otary to be Pre-pri (Check one) on:	nted on Documents:	tallment Option			
Name of Closing No Fype of Contract: Property Description Parish: Lot:	otary to be Pre-pri (Check one) on: Block:	nted on Documents:	tallment Option	(New Orleans only)		
Name of Closing No Fype of Contract: Property Description Parish: Lot: Dther Legal Descrip	otary to be Pre-pri (Check one) on: Block:	nted on Documents:	tallment Option	(New Orleans only)		

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Seller #1:	mormation		incher rept	ii utioii				
Name:			Soc. Sec #:					
Address:		City:		_ State:	Zip:			
Phone: ()	Email:			_ Married St	atus:			
Seller #2: (Spouse,	Partner, Other)							
Name:			Soc. Sec #: _					
Address:		City:		_ State:	Zip:			
		Email:			Married Status:			
Purchaser #1:		•••••		•••••				
Name:			Soc. Sec #: _					
Address:		City:		_ State:	Zip:			
Phone: ()	Email:			_ Married Status:				
Purchaser #2: (Sp	oouse, Partner, Other)							
Name:			Soc. Sec #:					
Address:		City:		_ State:	Zip:			
Phone: ()	Email: _			_ Married St	atus:			
	Purchase Price		\$	•				
	Down Payment		\$	•				
	Amount Financed		\$	•				
	Interest Rate (APR)		\$	•				
	Monthly P & I Payment		\$	•				
	Monthly T & I Payment		\$	•				
	First Payment Due Date ³							
	Final Payment Due Date	1						

Information for Document Preparation

***NOTE:** The Due Date for the Purchaser's payments due to Escrow Services, Inc. **MUST** be 15 days or more BEFORE the Due Date of the Seller's mortgage payment.

Additional Payment Provisions: _____

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There is a Mortgage/Lien recorded under instrument # (MOB) Date of Mortgage Original Mortgage Amount: \$ Current Principal Balance: \$ Interest Rate:% Fixed Rate: □ Yes □ No <u>Assume Fixed</u> unless stated otherwise Mortgage Company: Loan #: Mortgage Mailing Address for Payments: Phone: () Fax: () Monthly Principal and Interest Payment: \$ (P & I) Monthly Tax and Insurance Payments: \$ (T & I) Total Monthly Mortgage Payment: \$ (T & I) Total Monthly Mortgage Payment: \$ (T otal) The Next Payment is Due on:, 20 Final Payment Date on Mortgage:, 20 Final Payment Date: Premium: \$ Flood Policy #: Renewal Date: Premium: \$ Phone: () Fax: () Special Instructions:	<u>lone</u> unless l	isted below	
Original Mortgage Amount: \$	ОВ)		
Interest Rate:% Fixed Rate: D Yes D No Assume Fixed unless stated otherwise Mortgage Company: Loan #: Mortgage Mailing Address for Payments: Loan #: Phone: () Fax: () Monthly Principal and Interest Payment: \$ (P & I) Monthly Tax and Insurance Payments: \$ (P & I) Monthly Tax and Insurance Payments: \$ (T & I) Total Monthly Mortgage Payment: \$ (T & I) Total Monthly Mortgage Payment: \$ (T otal) The Next Payment is Due on:, 20 Final Payment Date on Mortgage:, 20 Final Payment Date on Mortgage:, 20 Hazard Policy #: Renewal Date: Premium: \$ Renewal Date: Premium: \$ Agent's Name: Fax: ()			
Mortgage Company: Loan #: Mortgage Mailing Address for Payments:	Current Pr	rincipal Balance: \$	
Mortgage Mailing Address for Payments:	s 🗆 No	Assume Fixed un	ess stated otherwise
Phone: () Fax: ()		Loan #:	
Monthly Principal and Interest Payment: \$			
Monthly Principal and Interest Payment: \$	Fax: ()	
Monthly Tax and Insurance Payments: \$	\$		(P & I)
The Next Payment is Due on:, 20 Final Payment Date on Mortgage:, 20 If any Other Liens: • Yes • No If so, please provide the same information as above on a separate sheet. Insurance Company: Hazard Policy #: Renewal Date: Premium: \$ Flood Policy #: Renewal Date: Premium: \$ Agent's Name: Fax: ()			
Final Payment Date on Mortgage:, 20	\$		(Total)
If any Other Liens: Yes No If so, please provide the same information as above on a separate sheet. Insurance Company: Hazard Policy #:	0	-	
Insurance Company: Hazard Policy #: Renewal Date: Premium: \$ Flood Policy #: Renewal Date: Premium: \$ Agent's Name: Phone: ()	0	-	
Insurance Company: Hazard Policy #: Renewal Date: Premium: \$ Flood Policy #: Renewal Date: Premium: \$ Agent's Name: Fax: () Phone: () Fax: ()	le the same in	formation as above c	n a separate sheet.
Hazard Policy #: Renewal Date: Premium: \$ Flood Policy #: Renewal Date: Premium: \$ Agent's Name: Phone: () Fax: ()			
Flood Policy #: Renewal Date: Premium: \$ Agent's Name: Phone: () Flood Policy #: Fax: ()			
Agent's Name: Phone: () Fax: ()	Date:	Pren	nium: \$
Phone: () Fax: ()	Date:	Pren	nium: \$
Special Instructions:	Fax: ()	
		DB) Current Pi □ No Fax: (\$ \$ 0 0 0 0 0 0 0 0 0 0 Date: Fax: (Current Principal Balance: \$