



# 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.

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**Today's Date:** \_\_\_\_\_

Your File #: \_\_\_\_\_ Projected Closing Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. / p.m.

Title Company: \_\_\_\_\_

Title Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Name of Closing Notary to be Pre-printed on Documents: \_\_\_\_\_

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**Type of Contract: (Check one)**       **Bond for Deed**       **Installment Option**

**Property Description:**

Parish: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Square: \_\_\_\_\_ District: \_\_\_\_\_  
(New Orleans only)

**Other Legal Description:** \_\_\_\_\_

**Municipal Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Is the Property being sold and purchased "As Is" Condition? (Check One)**       **Yes**       **No**

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### Seller #1:

Name: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Married Status: \_\_\_\_\_

### Seller #2: (Spouse, Partner, Other)

Name: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Married Status: \_\_\_\_\_

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### Purchaser #1:

Name: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Married Status: \_\_\_\_\_

### Purchaser #2: (Spouse, Partner, Other)

Name: \_\_\_\_\_ Soc. Sec #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Married Status: \_\_\_\_\_

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<b>Purchase Price</b>	\$	.
<b>Down Payment</b>	\$	.
<b>Amount Financed</b>	\$	.
<b>Interest Rate (APR)</b>	\$	.
<b>Monthly P &amp; I Payment</b>	\$	.
<b>Monthly T &amp; I Payment</b>	\$	.
<b>First Payment Due Date*</b>		
<b>Final Payment Due Date</b>		

\*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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## Information for Document Preparation

Existing Liens (s):  Yes  No Assume None unless listed below

There is a Mortgage/Lien recorded under instrument # (MOB) \_\_\_\_\_

Date of Mortgage: \_\_\_\_\_

Original Mortgage Amount: \$ \_\_\_\_\_ Current Principal Balance: \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_% Fixed Rate:  Yes  No Assume Fixed 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: \$ \_\_\_\_\_ (Total)

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.

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**Insurance Company:**

Hazard Policy #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Flood Policy #: \_\_\_\_\_ Renewal Date: \_\_\_\_\_ Premium: \$ \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_