



9100 WILSHIRE BLVD., SUITE 501E
 BEVERLY HILLS, CA 90212
 OFFICE: 310-786-8686
 FAX: 310-786-8675

SELLER INFORMATION SHEET

Please complete the information below, which is required to comply with your escrow instructions. Thank you.

FIRST DEED OF TRUST:

Mortgage Holder (Lender): _____

Payment Mailing Address: _____

Loan Number: _____

Customer Service/Payoff Phone Number: _____

Fax Number: _____

SECOND DEED OF TRUST:

Mortgage Holder (Lender): _____

Payment Mailing Address: _____

Loan Number: _____

Customer Service/Payoff Phone Number: _____

Fax Number: _____

I/WE DO HEREBY AUTHORIZE AND INSTRUCT ESCROW EXCHANGE WEST, INC. TO OBTAIN PAYOFF STATEMENTS AND TO INITIATE CLOSING AND FREEZING OF ALL LINES OF CREDIT ASSOCIATED WITH THIS ESCROW.

PLEASE CONTACT YOUR LENDER TO INITIATE CLOSING AND FREEZING YOUR CREDIT LINE TO AVOID TITLE COMPANY FROM HOLDING MONEY AT THE CLOSE OF ESCROW.

HOMEOWNERS ASSOCIATION: CONDOMINIUMS/PLANNED COMMUNITIES

Name of HOA/Management Company: _____

Address: _____

Phone Number: : _____ Fax Number: _____

DATE: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____

SIGNATURE: _____

SOCIAL SECURITY #: _____

DULY AUTHORIZED AGENT: I AM A DULY AUTHORIZED AGENT OF THE BORROWER. MY STATUS AS AN AGENT IS CONFIRMED BY THE SIGNATURE OF THE BORROWER APPEARING ABOVE.