



NORTH OFFICE:
8395 Keystone Crossing, Suite 100
Indianapolis, IN 46240
Office: (317) 254-5454
Fax: (317) 254-5455

WEST OFFICE:
7651 E. US 36
Avon, IN 46123
Office: (317) 272-1122
Fax: (317) 272-0055

 **HUD APPROVAL** 

FILE #: _____

BUYER: _____

SELLER: _____

I have received and hereby approve this closing statement.

Signature of Agent

Date

If you have any questions regarding the completion of this form, please feel free to contact your closing agent at **(317) 254-5454**. You may fax this document to **(317) 254-5455**.

FILE # _____

CLOSING INFORMATION SHEET FOR SELLERS

The information shown on this form will be used to prepare all closing documents.
Please complete the requested information accurately and legibly.

1 Will you be present for closing? YES NO
or will you close by mail? YES NO

Please indicate an address, telephone number and fax number which
may be used to contact you with closing information:

Address: _____

Phone Numbers: Home: _____

His Work: _____

Her Work: _____

Fax: _____

2 Marital Status: Married Single Divorced Widowed
(Please check one of the above)

3 Do you have an existing mortgage and/or 2nd mortgage and/or equity loan?

Name of Lender: _____

Account #: _____

Phone No: _____

Name of Lender: _____

Account #: _____

Phone No: _____

Name of Lender: _____

Account #: _____

Phone No: _____

4

Please send a copy of Owners Policy back with this form to receive rebate on cost of title insurance.

5

Please list the lender you are using for the refinance and contact person and phone number.

Lender's Name _____

Contact Person: _____

Phone: _____

***Thank you for your cooperation.
Please sign where indicated.***

Sign Name: _____

Print Name: _____

Soc. Sec #: _____

Sign Name: _____

Print Name: _____

Soc. Sec #: _____