



## CLOSING INFORMATION FORM

Please complete and return this form promptly via mail to the address below, fax it to (603) 644-4848 or email it to [info@summittitleservicescorp.com](mailto:info@summittitleservicescorp.com).

### ***About You:***

Name(s) \_\_\_\_\_ Marital Status \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ (home/work) Evening Telephone: \_\_\_\_\_ (home/work)

The best time and phone number to reach you between 8:30-5pm?: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Is this property your primary residence? Y / N (circle one)

Social Security Number(s) \_\_\_\_\_

Relationship (i.e., husband and wife, father and son, etc.) \_\_\_\_\_

### ***About Your Homeowner's Insurance:***

Your lender will require that we collect a homeowner's insurance binder/policy at closing (land closings excluded). We cannot schedule the closing with your lender until we have the following information:

Insurance Company: \_\_\_\_\_

Agent's Telephone Number: \_\_\_\_\_ Policy# \_\_\_\_\_

Annual Premium \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### ***Refinancing a Condominium?***

If refinancing a Condominium, please provide a copy of the Master Insurance Policy and a Condo Fee Statement, which may be obtained from your Condominium Association prior to closing.

Condo Association Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Association Fee \$ \_\_\_\_\_ Is water/sewer included in fee? \_\_\_\_\_

### ***Your current mortgage information:***

Name and address of the lending institutions:

1<sup>st</sup> Mortgage:

Equity Line/2<sup>nd</sup> Mortgage:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Acct. # \_\_\_\_\_

Acct. # \_\_\_\_\_

The undersigned authorized Summit Title Services Corp to receive any payoff information with regard to my/our loan(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature