

Elite Title: Closing Request

Ready to begin the closing process on your real estate transaction? We're ready to help. Please complete as much of the following information as possible. When completed, fax it to our office at 985-674-0158.

TRANSACTION TYPE: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial			
		<input type="checkbox"/> Refinance	
		<input type="checkbox"/> Sale Please forward a copy of the Purchase Agreement to FAX 985-674-0158	
		<input type="checkbox"/> New Construction	
CUSTOMER			
First Name:			
Last Name:			
E-mail:			
Company:			
Phone:			
Fax:			
PROPERTY			
Street Address:			
City:			
State:			
Zip Code:			
County:			
Parcel ID:			
Legal Description:			
BUYER/BORROWER			
Borrower's Name:		Borrower's SSN:	
Co-Borrower's Name:		Co-Borrower's SSN:	
Marital Status:		Borrower's Phone:	
Occupancy Status:		Agent:	
Borrower's Address:		Agent Phone:	
City:		Deposit Held By:	
State:		Deposit Amount:	
SELER (Leave blank if refinancing)			
Seller's Name:		Seller's SSN:	
Co-Seller's Name:		Co-Seller's SSN:	
Marital Status:		Seller's Phone:	
Seller's Address:			
City:		Agent:	