

ASSOCIATED TITLE & CLOSING SERVICES AGENCY, INC.

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CLOSING DEPARTMENT INFO TO: samantha@associtle.net, oakley@associtle.net,
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CLOSING INFORMATION SHEET

ORDERED BY: _____

SALES PRICE: _____

SELLER: _____

BUYER: _____

ADDRESS: _____

ADDRESS: _____

SELLER EMAIL: _____

BUYER EMAIL: _____

SELLER PHONE: _____

BUYER PHONE: _____

MARTIAL STATUS: _____

MARITAL STATUS: _____

SPOUSE NAME: _____

SPOUSE NAME: _____

SELLER ADDRESS AFTER SALE:

TAKING TITLE AS: _____

LENDER NAME: _____

LENDER PHONE: _____

LENDER FAX: _____

LENDER CONTACT: _____

LENDER EMAIL: _____

OWNER'S POLICY AMOUNT: _____ LOAN POLICY AMOUNT: _____

TAX ID: _____

LEGAL DESCRIPTION:

PROPERTY ADDRESS: _____

ANTICIPATED CLOSE DATE: _____ EARNEST MONEY: _____

WHO HAS EARNEST MONEY: _____

WILL SELLER BE PRESENT FOR CLOSING: YES _____ OR NO _____

WILL BUYER BE PRESENT FOR CLOSING: YES _____ OR NO _____

IS THIS PRIMARY RESIDENCE FOR SELLER: YES _____ OR NO _____

WILL THIS BE PRIMARY RESIDENCE FOR BUYER: YES _____ OR NO _____

FUEL PRORATION: Y OR N , IF YES AMOUNT TO BE CHARGE TO BUYER: _____

SPECIAL NOTES: _____

IF SELLERS HAVE A CURRENT MORTGAGE: Please include a completed signed authorization form for request of the payoff statement.

**PLEASE ATTACH A COPY OF THE PURCHASE AGREEMENT
WE APPRECIATE YOUR BUSINESS!!!!**