



**SELLER INFORMATION SHEET**

Our File No: \_\_\_\_\_ Settlement Date: \_\_\_\_\_

email to: [ash@loudountitle.com](mailto:ash@loudountitle.com)

ATTN: Ash Thuthija

Fax: 1-888-676-6555

Seller(s) \_\_\_\_\_

Best Phone # \_\_\_\_\_ Email : \_\_\_\_\_

Buyer(s) \_\_\_\_\_

Property Address: \_\_\_\_\_

Seller 1 Social Security # \_\_\_\_\_ Seller 2 Social Security # \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Seller's Lender Name 1st Trust: \_\_\_\_\_

Loan Number \_\_\_\_\_ Phone Number: \_\_\_\_\_

Seller's Lender Name 2nd Trust: (If applicable) \_\_\_\_\_

Loan Number \_\_\_\_\_ Phone Number: \_\_\_\_\_

Listing Company/Agent's name \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers (W) \_\_\_\_\_ (C) \_\_\_\_\_

Commission Listing Agent \_\_\_\_\_% Selling Agent \_\_\_\_\_%

Admin Fee paid by seller \_\_\_\_\_

Home Owner's Association Name: \_\_\_\_\_

Phone number \_\_\_\_\_ Contact Person \_\_\_\_\_

Termite Inspection Company: \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Home Warranty YES / NO

Warranty Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Paid By: \_\_\_\_\_ Cost: \_\_\_\_\_

**Disbursement Of Funds**

Mail Check to: \_\_\_\_\_

Wire Funds to Account # \_\_\_\_\_ Routing # \_\_\_\_\_

If you would like the funds wired, please bring a copy of the voided check to settlement.

**Additional Information**

Power Of Attorney Needed? YES / NO

Are there any charges/credits to the Purchaser? \_\_\_\_\_

Is there any Pre-occupancy or Post-occupancy (Rent Back)? YES / NO

If yes, please provide appropriate agreement.