

P.O. Box 1381 7621 Purfoy Road, Suite 222 Fuquay-Varina, NC 27526 www.fuquayvarinalaw.com Phone: 919-552-2501

Fax: 919-552-0292

Refinance Information:

Borrower's Name:_	
Social Sec	eurity Number:
Home: _	
Work: _	
Cell: _	
Fax: _	
Co-Borrower's Nan	ne:
Social Sec	eurity Number:
Home: _	
Work:	
Cell:	
Fax:	
Property Address:	
Subdivision: _	
Lot No.: _	Phase:
Forwarding Address	s (If different from property address):

Current Mortgage Informa	ation:	
Name:		
Address:		
Phone No.:		
Acct. No.:		
I authorize Mercogliano & request that any credit line(payment in full.	Associates, PA to receive payoff information on this account as requested s) associated with this account be frozen immediately and cancelled upon	I. Furthermore, I receipt of
	Borrower Signature:	
Current 2 nd Mortgage Info	ormation:	
Name:		
Address:		
Phone No.:		
Acct. No.:		
rect. 110		
I authorize Mercogliano & request that any credit line(payment in full.	Associates, PA to receive payoff information on this account as requested s) associated with this account be frozen immediately and cancelled upon	l. Furthermore, I receipt of
	Borrower Signature:	_

Prior Title Insurance Information:

(If you have a prior title policy that we can update, it will save you money at closing. You should have a copy of the policy in the paperwork you received at your original closing. The name of the Title Insurance Company should also be on the HUD. Please send us a copy of the policy or at least the name of the company).

	surance Company:	
Addres	ss:	
Phone	No.:	
Acct. 1	No.:	
zard Insuran	ce Information:	
Comp	any:	
Agent		
Phone	No.:	
me Owners' A	ssociation Information:	
Name:		
Addres	s:	
Phone	No.:	
A 3	o.:	
Acct. N		

Any Additional Information you feel we may need pertaining to this closing: