

r. brian ponder, pa
attorney at law

refinance form

Borrower s Full Name(s) Including Maiden Name (1) _____
(2) _____

Daytime Phone: (1) _____ (2) _____

Cell Phone: (1) _____ (2) _____

Home: (1) _____ (2) _____

e-mail: (1) _____ (2) _____

Address of Property: _____

Estimated Date of Closing: _____

Insurance Agent (for new purchase): _____

Phone: _____ Has agent application been made? Yes / No _____

*We prefer to collect the insurance premium at closing. If, however, you pay the premium prior to closing, we will need a paid receipt from your insurance company. Will you be paying premium prior to closing? (yes/no)

Broker/Lender: _____ Phone: _____

Loan Officer: _____ Other Contact: _____

Mortgages to be paid off at closing:

	Name of Bank Holding Mortgage	Account No.	Bank Phone No.
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Other debts to be paid off (credit cards, car loans, etc.):

	Name of Creditor	Account No.	Creditor Phone No.
1.	_____	_____	_____
2.	_____	_____	_____

for office use only

(1) _____ (2) _____