



# Escrows Inc.

OPEN NEW REFINANCE  
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## FROM:

COMPANY NAME:

CONTACT NAME:

COMPANY ADDRESS:

COMPANY PHONE:

COMPANY FAX:

TITLE COMPANY:

TITLE REP:

LOAN AMOUNT:

PROPERTY ADDRESS:

MAILING ADDRESS:

BORROWER:

SS#

CO-BORROWER:

SS#

BORROWERS TELEPHONE NO.

## PAYOFFS

1. LENDER:

LOAN NO.

2. LENDER:

LOAN NO.

3. LENDER:

LOAN NO.

FIRE INSURANCE:

AGENT:

ADDRESS:

POLICY NO.:

PHONE/FAX:

NOTE: IF YOU HAVE SIGNED AUTHORIZATION FROM BORROWER TO REQUEST  
PAYOFF STATEMENT AVAILABLE, PLEASE FAX TO US AT (818) 841-9839.

THANK YOU.