

HOWARD LAW GROUP
Regions Bank Building
450 N. Park Road, Penthouse #800
Hollywood, Florida 33021
Phone: (954) 893-7874
Fax: (888) 235-0017
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Seller Information Sheet

SELLER # 1

Full Legal Name: _____
Property address: _____
Forwarding Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax #: _____
E-Mail: _____ SSN: _____
Marital Status of Seller: Married () Single () Corporation ()
Corporate EIN: _____

SELLER # 2

Full Legal Name: _____
Property address: _____
Forwarding Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Fax #: _____
E-Mail: _____ SSN: _____
Marital Status of Seller: Married () Single () Corporation ()

LOAN PAYOFF INFORMATION: Please complete page 3.

PAYOFF # 1

Existing Lender Name: _____
Address: _____

Loan #: _____
Phone #: _____

PAYOFF # 2

Existing Lender Name: _____
Address: _____

Loan #: _____
Phone #: _____

Association Information:

Association Name: _____

Management Company: _____

Telephone: (____) _____ Facsimile: (____) _____

Contact Person: _____

LISTING AGENT INFORMATION:

Agent Name:

Agent's Affiliated Company:

Address:

Commission: _____ Listing: _____ Selling: _____

Administrative Fee:

Are you represented in this transaction? _____ If yes, provide your attorney's contact information:

Name: _____

Telephone: (____) _____ EMAIL: _____

OR

Would you like HOWARD LAW GROUP to prepare the necessary Seller Documents for this sale? _____

HAS THE PROPERTY BEEN OCCUPIED BY TENANTS IN THE PAST 24 MONTHS?

_____ **YES***** _____ **NO**

Thank you for taking the time to complete the above. Please return this form via email: CLOSING@HOWARDLAWFL.com or via fax to: 888-235-0017.

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Payoff Request Authorization

(Please complete one of these authorizations for each mortgage or line of credit)

To Whom It May Concern the undersigned authorizes Howard Law Group to request loan information for the below referenced mortgage.

Re: Property address:

Bank/Mortgage Company to be paid off:

Name: _____

Phone #: _____

LOAN NUMBER: _____

Address (Customer Service address not P.O. Box where you send monthly payments):

Social Security Numbers

Borrower 1 _____

Borrower 2 _____

Signed:

Name: _____

Name: _____