



411 N. Central Ave Suite 302 Glendale, CA 91203  
818-242-5499 Phone 818-530-5220 Fax  
**Escrow Officer:** Mary Lacap /**Assistant:** Amanda Turpin

## REFINANCE ORDER FORM

**Date:** \_\_\_\_\_

### Contact Information for person opening order:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Estimated Close of Escrow Date:

15 Days \_\_\_\_\_ 30 Days \_\_\_\_\_ 45Days \_\_\_\_\_ 60 Days \_\_\_\_\_

### Property Address:

\_\_\_\_\_

\_\_\_\_\_

### Borrower(s) Name:

\_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ SSN: \_\_\_\_\_

### Mailing Address if different then property address:

\_\_\_\_\_

\_\_\_\_\_

**New Loan Amount:** \_\_\_\_\_

**Payoff # 1 Lenders Name:** \_\_\_\_\_

**Loan #:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

**Payoff # 2 Lenders Name:** \_\_\_\_\_

**Loan #:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_\_

**Title Company:** \_\_\_\_\_ **T.O.:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Credit:** \_\_\_\_\_

**\*PLEASE PROVIDE US WITH THE ADDITIONAL FOLLOWING DOCUMENTS SO  
THAT WE CAN BETTER SERVICE YOU AND THE BORROWER(S):**

- 1. Borrower's Authorization**
- 2. Mortgage Statement with account information**
- 3. Copy of the Homeowner's/ Fire Insurance policy**

**Insurance Company:** \_\_\_\_\_

**Contact/Phone:** \_\_\_\_\_

**Escrow ordering insurance:** \_\_\_\_\_ **Lender / Other to order insurance:** \_\_\_\_\_