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# REFINANCE ORDER

Date

Borrower

Social Security Number

Preferred Contact Phone

Borrower

Social Security Number

Preferred Contact Phone

Property Address

Present Mailing Address (if different from property address)

Street

Street

City

City State ZIP

County State ZIP

Cell Phone

Home Phone Work Phone

E-mail

New Lender

Loan Officer

Phone

Loan Processor

E-mail

Fax Number

Present Mortgages / Trusts

First Trust Lender

Second Trust Lender

Account / Loan Number

Account / Loan Number

Street

Street

City State ZIP

City State ZIP

Phone

Phone

2nd Trust to Be Subordinated? YES NO

2nd Trust to Be Paid Off? YES NO

Who will prepare subordination agreement?

Special Instructions /Requests

Preferred Settlement Date

(Please call our offices to schedule an exact date and time.)

Is borrower a prior client? YES NO

If YES, when was the settlement?

Has borrower refinanced within the past 12 months? YES NO

If YES, name of settlement company:

Is the Owner's Title Insurance Policy available? YES NO

Is the House Location Survey available? YES NO

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