

**REQUEST TO OPEN REFINANCE ESCROW
WITH: _____**

(Escrow Officer)

DATE: _____ ESCROW #: _____

***PROPERTY ADDRESS: _____

BORROWER'S NAME & VESTING : _____

BORROWER'S SOCIAL SECUTIRY NO.: _____

BORROWER'S MAILING ADDRESS: _____

OPEN BY: MORTGAGE BROKER / NEW LENDER: _____

PHONE NUMBER: _____

NEW LOAN AMOUNT : \$ _____ POINTS : _____

PAYOFF EXISTING 1ST LENDER: _____

UNPAID BALANCE (approx): \$ _____

LOAN NUMBER: _____

PHONE NUMBER: _____

PAYOFF EXISTING 2ND LENDER: _____

UNPAID BALANCE (approx): \$ _____

LOAN NUMBER: _____

PHONE NUMBER: _____

OPEN TITLE ORDER WITH: _____

CREDIT TITLE ORDER TO: _____

*** SPECIAL INSTUCTIONS _____

**A BETTER CHOICE ESCROW
8077 Florence Ave, #106, Downey, CA 90240
Ph: (562) 806-0111 Fax (562) 806-0162**