

9425 Sunset Drive, Suite 124, Miami, Florida 33173 phone 305-271-0100 fax 305-726-0096 info@theclosingcompany.net



ATTENTION SELLERS!!

BE AWARE OF WIRE FRAUD

PLEASE READ THIS CAREFULLY

OUR POLICY REGARDING SELLER WIRE INSTRUCTIONS

DUE TO THE HIGH INCIDENCE OF WIRE FRAUD IN THE REAL ESTATE INDUSTRY, WE <u>DO NOT</u> ACCEPT SELLER WIRE INSTRUCTIONS VIA EMAIL, FAX OR FROM 3RD PARTIES. AVOID LOSSES. DO NOT SEND YOUR WIRE INSTRUCTIONS VIA EMAIL TO ANYONE.

> WE <u>ONLY</u> ACCEPT ORIGINAL SIGNED, WITNESSED AND NOTARIZED SELLER WIRE INSTRUCTIONS DO NOT SEND YOUR WIRE INSTRUCTIONS TO ANYONE VIA EMAIL

I understand and agree to the above policy and hold harmless The Closing Company Inc., officers and employees from wire fraud and email compromise.

_____ Date _____

Seller(s)



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Seller Questionnaire - Individual

Complete this form and fax to 305-726- IF YOU WILL BE NOT BE PHYSICALLY PRI			
Property address:		· · · · · · · · · · · · · · · · · · ·	
	Ony	2p	
Seller(s) full legal name(s) as it appears on title:			
Seller #1 :	SS#	Marital status: a	□ single□ married D.O.B
Seller #1 : Seller #2:	SS#	Marital status:	□ single□ married D.O.B
Are seller $\overline{\#1}$ and $\#2$ married to each other? \Box yes \Box no	Do you have	a bank account in the a	above name(s)? yes no
Future mailing address for seller:			
Address			
City: State: Phone Please attach copy of :	Zip:		
Phone	Email:		
Please attach copy of : \Box Seller(s) driver license/passp	ort 🗆 Owners title ins	urance policy Prior sur	vey 🗆 Loan statements
1. Is there a tenant occupying the property? \Box yes \Box	no If YES, plea	se attached a copy of the	full lease.
2. Is this property your primary residence/homestead p	roperty of the seller(s)? \Box yes \Box no	
If NO, what is the physical address of your primary res	idence:	· •	
If NO, what is the physical address of your primary res Are all of the sellers US Citizens/US Residents? \Box yes	□ no If NO, citizens	s of what country	
Foreign national seller alert: We are required by the	Internal Revenue Ser	vice FIRPTA to withhold	1 15% of the sales price unless a
withholding certificate is obtained by closing date. Plea			-
3. Will the sellers be physically present at our office fo	r the closing? \Box y	es 🗆 no If no, where wi	ll they be
4. Will the sellers be outside the country at the time of	the closing? \Box y	es 🗆 no If yes, what cou	intry
5. If YES, do sellers have access to US embassy/consu		es 🗆 no	-
Power of Attorney Alert: Due to high fraud and forg	ery, we do not accept	Power of Attorney signing	ngs for deeds. No exceptions.
<u>Listing agent:</u> \Box N/A no realtors are invo	lved		
Agent name pho	ne	email	
Agent name pho Condo Association/HOA If no Condo HOA	exists please check he	ere HOA/ Condo	Association exists
If there a condo/HOA Association? \Box yes \Box no. If y	es, how many associa	ations are there? $\Box \ 1 \ \Box \ 2 \ \Box$	□ 3
Is condo approval required ? yes no Do you pay	y condo fees every me	onth.quarter/year? 🗆 y	es 🗌 no
Parking space #(s) Storage space #	Dock space #	PLEASE WRITE "N/	A" if "not applicable".
Are there ANY active, pending or "under discussion" s	special assessments in	progress for the condo/H	$HOA? \square$ yes \square no
Association name(s)			
Sellers are required to provide buyers a CONDO/HOA			nation. You will be required to
prepay this condo estoppel fee via credit card. Fees va			
Who will be preparing your seller documents? () The	Closing Company, In	c. () Seller designated at	ttory
Seller's Attorney or Title Company name:			
Contact:Ph:	E	Email:	
1 st OPEN MORTGAGE/EQUITY LINE		GAGE/EQUITY LINE	there are no existing mortgages
Lender:	Lender:		
Phone:	Phone:		
Loan #:	Loan #:	φ.	
Estimated balance:	Estimated balanc		
v 1		· /	hold at office Fedex (\$25)
Cancellation Policy: Buyer and Seller acknowledge that Clos			-
must be paid prior to Closing. Closing Agent is authorized ar			-
Escrow by Buyer if the file cancels for any reason. Such fund			
any such funds pre-released through the Escrow. Closing Ag			
appropriate party for credits, as applicable at Closing or upor	Ū.		
the buyer or seller cancels this transaction or switches title co	mpanies without cause,	, the client agrees to pay The	e Closing Company, Inc. liquidated
damages of \$1,000.			

Seller signature(s): _____

FOR PROPERTIES WITH OPEN MORTGAGE(S) /EQUITY LINES ONLY (ONE PER OPEN MORTGAGE/EQUITY LINE):

Attn:	DEMAND/PAYOFF DEPARTMENT					
To:						
Lender name:						
Via						
	<u>A</u>	Authorization to Release Payoff Information				
Borrower name(s)):		_			
Property Address:	:		-			
			-			
Lender name:			-			
Loan#			-			
Borrower social s	ecurity number:					
Estimated loan ba	lance :	\$				
The Closing Com	pany, Inc file#:		(TCC to complete)			

I, ______, hereby authorize you to release payoff information to any authorized representative of The Closing Company, Inc. in order to close this transaction. Please send payoff good for 30 days from the request date. Please send to closings@theclosingcompany.net or fax to 305-726-0096.

Borrower signature(s)

Print name

Date