



3230 East Imperial Highway, Suite 200 Brea, CA, 92821
714-924-3395 • FAX: 714-924-3399

REFINANCE TAKE SHEET

Attention:

Date: _____

Property Address: _____

City: _____ State: _____ Zip: _____

BORROWER: _____ CO-BORROWER: _____

Social # _____ Social # _____

Home Phone: _____ Work Phone: _____

MAIL TO: (if different) _____

City: _____ State: _____ Zip: _____

NEW Loan Amount: _____ LOAN TYPE: CONV FHA VA

PAYOFF INFORMATION

Existing First Loan: _____ Loan #: _____

Phone #: _____ Balance \$: _____

Existing Second Loan: _____ Loan #: _____

Phone #: _____ Balance \$: _____

REMINDER: Please attach Borrower's signed authorization and Loan Statement

TITLE INFORMATION

Title Company: _____

Phone #: _____ Rep: _____

INSURANCE INFORMATION

Company: _____ Contact/Agent: _____

Phone: _____ Premium Amount \$: _____

Expiration Date: _____

YOUR INFORMATION

Ordered by: _____

Company Name: _____

Address: _____

Office: _____ Fax: _____

Thank you for the new Escrow! Have a Great Day!