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CLOSING/ESCROW INFO

<u>Client/Property Information</u>	
Date:	_____
Responsible Party Is:	<input type="checkbox"/> Buyer <input type="checkbox"/> Homeowner
Contact Info:	Name: _____ Phone: _____ Email: _____
Name to go on Certificate:	_____
Property Address:	_____
City:	_____ State: _____ Zip: _____
Certificate to be sent to:	<input type="checkbox"/> Buyer <input type="checkbox"/> Homeowner <input type="checkbox"/> Lender <input type="checkbox"/> Title Co <input type="checkbox"/> Realtor

<u>Lender Information</u>	
Contact Name:	_____
Company:	_____
Phone:	_____ Cell: _____
Fax:	_____ Email: _____
Payment Being Made By:	<input type="checkbox"/> Lender <input type="checkbox"/> Buyer <input type="checkbox"/> Homeowner
Payment Made At:	<input type="checkbox"/> Completion of Job <input type="checkbox"/> Close of Escrow

<u>Title Company Information</u>	
Escrow Officer:	_____
Company:	_____
Phone:	_____ Cell: _____
Fax:	_____ Email: _____
Escrow #:	_____ Estimated Closing Date: _____

<u>Realtor Information</u>	
Name:	_____
Company:	_____
Phone:	_____ Cell: _____
Fax:	_____ Email: _____