



**5555 Glenridge Connector
Suite 400**

Atlanta, Georgia 30342

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SELLERS PRE-CLOSING INFORMATION

Closing Date/Time: _____ at _____: _____

Seller's Name: _____

In order to begin the pre-closing process for the above-referenced transaction, please complete this information sheet and fax or e-mail back to our office.

PHONE NUMBER FOR SELLER(S): _____ (____) _____ (H) (W) (C)

EMAIL: _____

SELLER'S FORWARDING ADDRESS:

ADDRESS	CITY	STATE	ZIP
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SELLER'S SOCIAL SECURITY NUMBERS (**REQUIRED TO OBTAIN PAYOFFS**)

SELLER #1 _____ SELLER #2 _____

IF THE SELLER(S) HAS MOVED OUT OF STATE – WAS THE PROPERTY BEING SOLD THE PRINCIPAL RESIDENCE? ___ (YES) ___ (NO)

ARE THE SELLERS U.S. CITIZENS? ___ (YES) ___ (NO)

IS THE SELLER IS A COMPANY, PARTNERSHIP OR TRUST? ___ (YES) ___ (NO)

PLEASE PROVIDE A TAX ID NUMBER (EIN) _____

OFFICER ATTENDING CLOSING? ___ (YES) ___ (NO)

NAME AND TITLE: _____

NOTE: If the Seller is a corporation, a corporate resolution and a corporate seal are required. In addition the **CORPORATE AUTHORITY DOCUMENTS MUST BE REVIEWED PRIOR TO CLOSING. IF A SELLER IS A TRUST, THE TRUST DOCUMENTS MUST BE REVIEWED PRIOR TO CLOSING.**

HOMEOWNERS ASSOCIATION (COMPLETE IF NECESSARY)

CONTACT: _____
PHONE NUMBER: (____) _____

LOANS SECURED BY PROPERTY

Lender's Name for First Mortgage _____
Account # _____ Phone # (____) _____

Lender's Name for Second Mortgage _____
Account # _____ Phone # (____) _____

AUTHORIZATION:

I HEREBY GIVE NEEL, ROBINSON & STAFFORD, L.L.C., AND ITS AGENTS, AUTHORIZATION TO OBTAIN INFORMATION ON MY ACCOUNTS, SUCH AS PAYOFFS REQUESTED, PAYMENTS MADE AND SIMILAR INQUIRIES:

SIGNED: _____

SIGNED: _____

ADDITIONAL INFORMATION:

- A. SELLER MUST BRING A PHOTO ID TO CLOSING
- B. **ANY REQUIRED FUNDS DUE TO AT CLOSING MUST BE DELIVERED TO NEEL, ROBINSON & STAFFORD, L.L.C. BY WIRE TRANSFER. ATTORNEY ESCROW ACCOUNT CHECKS WILL NO LONGER BE ACCEPTED.**

PLEASE LET US KNOW, IN ADVANCE, IF YOU HAVE ANY SPECIAL REQUESTS (IE. POWER OF ATTORNEY, MAIL OUT, ETC.)

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL.

THANK YOU FOR YOUR COOPERATION,

THIS SHEET SHOULD BE FAXED TO: 404.459.0704
OR
EMAILED TO: INFO@NEELANDROBINSON.COM