



3033 Kettering Blvd., Ste 110,
Dayton, OH 45439

Phone (937)424-5457 Fax(866)594-2729 Text (937)745-1143

SELLER INFORMATION – LLC OR BUSINESS

Your Name: _____ Property Address: _____

Name of LLC/Company: _____ EIN Number: _____

Name of Signer: _____ State of Registration: _____

****PLEASE FORWARD A COPY OF SIGNING AUTHORITY / COMPANY RESOLUTION ALONG WITH THE OPERATING AGREEMENT.****

Phone: _____ Email: _____

Is Seller currently occupying the property? YES NO

If not, Current Mailing Address: _____

Will signer(s) attend closing? YES NO (If not, please contact us to make arrangements ASAP.)

Is property tenant occupied? YES NO Rent's and Deposits to be credited? YES NO

Monthly Rent Amount(s): \$ _____ Security Deposit Amount(s): \$ _____

Mortgages (including equity lines or lines of credit) or Liens on the property? YES NO

Lender: _____ Account Number: _____

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HOA on property? YES NO If yes, Contact Name, Phone, Email: _____

Tax Proration: Long Short _____

Seller Paid Closing Costs: \$ _____ or _____ % Is seller contributing to Owner's Policy? YES NO Amount: _____

Name of Water Servicer: _____ Name of Trash Servicer: _____

Seller's Agent Commission: \$ _____ or _____ % Buyer's Agent Commission: \$ _____ or _____ %

Compliance fee/Additional Commission/Processing Fee? YES \$ _____ NO

Invoices to be paid (please send copies of all invoices to our office):

Amount \$ _____ Payable to: _____ Paid by: Buyer Seller

Amount \$ _____ Payable to: _____ Paid by: Buyer Seller

Amount \$ _____ Payable to: _____ Paid by: Buyer Seller

Broker License Number : _____ Agent License Number: _____

****FUNDS DISBURSED TO SELLERS WILL BE OUT THE SAME WAY THAT THEY HOLD TITLE. FOR WIRES SELLERS MUST PRODUCE AN ORIGINAL VOIDED CHECK OR A BANK STATEMENT SHOWING THE ACCOUNT NAME THE SAME WAY THAT THEY HOLD TITLE.****

PLEASE RETURN THIS COMPLETED FORM TO ROMA@PARTNERSLANDTITLE.COM OR FAX TO 866-594-2729