

## **SELLER INFORMATION – LLC OR BUSINESS**

Your Name:	Property Address:
Name of LLC/Company:	EIN Number:
	State of Registration:
**PLEASE FORWARD A COPY OF SIGN	ING AUTHORITY / COMPANY RESOLUTION ALONG WITH THE OPERATING AGREEMENT.**
Phone:	Email:
Is Seller currently occupying the propert	y? □ 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 line	es of credit) or Liens on the property? $\ \square$ YES $\ \square$ NO
Lender:	Account Number:
Lender:	Account Number:
HOA on property?   YES   NO	If yes, Contact Name, Phone, Email:
Tax Proration:   Long   Short	<del></del>
Seller Paid Closing Costs: \$ or	% Is seller contributing to Owner's Policy?   ———————————————————————————————————
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	of all invoices to our office):
	Paid by: 🗌 Buyer 🖂 Seller
	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 Jayda@PARTNERSLANDTITLE.COM OR FAX TO 877-784-8571