

**REQUEST FOR CORPORATE SELLER INFORMATION**

Date: \_\_\_\_\_  
Seller(s): \_\_\_\_\_  
Purchaser(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Projected Closing Date: \_\_\_\_\_

Hello! Our office will be the closing attorneys for the above real estate transaction. In order for your closing to go as smoothly as possible please provide the following INFORMATION. Sellers should fill out this form completely and sign where indicated on page two. Items left blank or incomplete may result in delays. If additional space is needed, attach an additional page. Please send this completed form to our offices as soon as possible via email at [preclosing@closingattorney.com](mailto:preclosing@closingattorney.com) or by fax to 404.843.0026.

**Seller Contact Information:**

Name: \_\_\_\_\_  
TAX ID #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Name and Title of Person Authorized to sign on behalf of Seller: \_\_\_\_\_

Will Seller be attending the closing?                      Yes                      No  
If Yes, please provide the name and title of the person attending and their title (if different from above):

\_\_\_\_\_  
If No, please provide the information below:  
Person to receive the closing documents: \_\_\_\_\_  
Address to deliver documents (if different than mailing address above): \_\_\_\_\_  
\_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**Termite Information**

Is Seller providing a termite inspection and/or termite guaranty?                      Yes                      No  
If Yes, please provide the following information and bring original to closing: Name of Termite Company: \_\_\_\_\_  
Fee to be collected at closing: \$ \_\_\_\_\_ Paid by                      Seller                      Purchaser

**Home Warranty Information**

Is Seller providing a Home Warranty?                      Yes                      No

If Yes, please provide the following information:

Name of Home Warranty Company: \_\_\_\_\_

Fee to be collected at closing: \$ \_\_\_\_\_ Paid by Seller Purchaser

**Survey Information**

Is Seller providing a Survey? Yes No

If Yes, please provide the following information:

Name of Survey Company: \_\_\_\_\_

Fee to be collected at closing: \$ \_\_\_\_\_ Paid by Seller Purchaser

**Association Information**

Is there a Mandatory Homeowners Association? Yes No

If Yes, please provide the following information:

Name of Association: \_\_\_\_\_

Name of Management Company (if applicable): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Initiation Fee to be collected at closing: \$ \_\_\_\_\_ Paid by Seller Purchaser

Dues to be collected at closing: \$ \_\_\_\_\_ Paid by Seller Purchaser

Are the dues to be prorated between Seller and Purchaser: Yes No

**Utility Information**

Please provide the account number and contact information of any utility or sanitation bills that need to be paid or prorated at closing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Loans/Payoffs**

Name of Lender: \_\_\_\_\_

Phone # of Lender: \_\_\_\_\_ Loan #: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Phone # of Lender: \_\_\_\_\_ Loan #: \_\_\_\_\_

Please sign here to authorize this firm to obtain payoff and loan information:

I hereby authorize Smith, Cavin & Corbin, LLC to request and obtain information on my accounts, such as payoff requests and other similar inquiries.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please provide the following documents prior to closing by faxing or emailing (as applicable):**

\*Termite Report/Warranty [if applicable]

\*Home Warranty [if applicable]

\*For Corporations: Corporate Resolution authorizing the sale and indicating who has authority to

sign on behalf of the corporation (*we can provide a blank form upon request*)  
\*For LLC's: Certificate of Incumbency & Unanimous Consent Action authorizing the sale and indicating who has authority to sign on behalf of the LLC (*we can provide a blank form upon request*)

**Please bring the following documents to closing (as applicable):**

- \*Valid, unexpired government issued picture identification
- \*Original Termite Report/Warranty [*if applicable*]
- \*Original Home Warranty [*if applicable*]

For Corporations: Corporate Seal

**Please check any title issues below that you are aware of and provide the requested information as soon as possible to prevent any delays in closing:**

Change of Corporate Name

Bankruptcy of Corporation: Case # \_\_\_\_\_;

Bankruptcy Attorney \_\_\_\_\_;

Bankruptcy Attorney Phone # \_\_\_\_\_; Trustee's Phone # \_\_\_\_\_

Foreclosure: Name of Foreclosing Attorney: \_\_\_\_\_

Foreclosing Attorney Phone #: \_\_\_\_\_

Liens other than mortgages, such as tax liens or materialman's liens:

\_\_\_\_\_

Pending Lawsuits that may affect the sale:

\_\_\_\_\_

Other: Please explain: \_\_\_\_\_

Thank you in advance for your cooperation. We look forward to working with you. Please feel free to contact us with any questions or concerns you have about this closing.

Sincerely,

Pre-Closing Department

Smith, Cavin & Corbin, LLC