5500 frantz Road **|** Suite 156 **|** dublin, Ohio 43017

(614) 334-2122 **|** FAX: (614) 334-2125 **|** Email: sheri@titleconnectagency.com

***Seller Information/Authorization Form***

**Contact Information:**

Name: Name:

SSN: - - SSN: - -

Marital Status: □ Married □ Single Marital Status: □ Married □ Single

If married, name of spouse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If married, name of spouse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property Address:

Mailing Address:

Home Phone: ( ) - Cell Phone: ( ) -

Is this your primary residence? □Yes □No

If yes, how many years have you lived there?

Is this a condo? □Yes □No

If yes, please list the Management Company name and phone number:

Is there a homeowner’s association? □Yes □No

If yes, please list the Association name and phone number:

**Current Mortgage Information:**

1st Mortgage Company:

Loan Number: Phone Number: ( ) -

2nd Mortgage Company:

Loan Number: Phone Number: ( ) -

Home Equity Line Company:

Loan Number: Phone Number: ( ) -

I/We hereby authorize Title Connect Agency to verify and obtain any information necessary pertaining to past and present mortgages, lines of credit, and any other accounts of which information may be required. The information obtained by Title Connect Agency is only to be used in the processing my real estate transaction.

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

Signature Signature