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GLENN J. ANDREONI, INC.

ADMITTED IN RI AND MA
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BORROWER REFINANCE INFORMATION

YOUR NAME: _____
YOUR MAILING ADDRESS: _____
YOUR PHONE NUMBER: _____ (HOME) _____ (WORK)

YOUR FIRST MORTGAGE: MORTGAGE CO. NAME: _____
MORTGAGE CO. ACCOUNT #: _____
MORTGAGE CO. PHONE #: _____

YOUR SECOND MORTGAGE: MORTGAGE CO. NAME: _____
(IF APPLICABLE) MORTGAGE CO. ACCOUNT #: _____
MORTGAGE CO. PHONE #: _____

YOUR THIRD MORTGAGE: MORTGAGE CO. NAME: _____
(IF APPLICABLE) MORTGAGE CO. ACCOUNT #: _____
MORTGAGE CO. PHONE #: _____

SOME MORTGAGE COMPANIES NEED SOCIAL SECURITY NUMBERS IN ORDER TO OBTAIN A PAYOFF

SSN: _____
SSN: _____

IF YOUR LENDER IS REQUIRING OUR OFFICE TO PAY ANY OF YOUR CREDIT CARDS, PLEASE LIST THEM BELOW AND THEN FAX COPIES OF YOUR MOST RECENT STATEMENTS WITH THIS SHEET:

NAME OF CREDIT CARD COMPANY: _____
CREDIT CARD ACCOUNT #: _____
CREDIT CARD CO PHONE #: _____

HOMEOWNER'S INSURANCE INFORMATION:

WHAT IS THE NAME OF YOUR HOMEOWNER'S INSURANCE COMPANY?: _____
WHAT IS THE NAME OF YOUR AGENT?: _____
WHAT IS THE PHONE NUMBER OF YOUR AGENT?: _____

IF THIS IS A CONDO:

WHAT IS THE NAME OF YOUR CONDO ASSOCIATION?: _____
PLEASE PROVIDE A CONTACT NAME & PHONE NUMBER FOR THE ASSOCIATION: _____

WE, THE UNDERSIGNED, DO HEREBY GIVE THE LAW OFFICE OF GLENN J. ANDREONI, INC. PERMISSION TO OBTAIN ANY AND ALL INFORMATION REGARDING THE ABOVE.

(SIGN)

(SIGN)

