



9375 Archibald Ave. #313
Rancho Cucamonga, CA 91730
Office: 909-710-1414
Fax: 909-529-1990

ESCROW OFFICER: _____

DATE: _____

REFINANCE TAKE SHEET

BROKER/LENDER NAME: _____ ADDRESS:

_____ LOAN OFFICER NAME: _____

PROCESSOR: _____ TELEPHONE#: _____ FAX#: _____

PROPERTY ADDRESS: _____

BORROWER: _____ BORROWER: _____

SOCIAL#: SOCIAL#: _____

HOME PHONE: WORK PHONE: _____

MAILING ADDRESS: _____

LOAN AMOUNT: _____ LOAN TYPE: 1ST 2ND CONV FHA VA

EXISTING FIRST LOAN () TO BE PAID OFF () TO REMAIN () TO

SUBORDINATE

FIRST LENDER PAYOFF: _____ LOAN#: _____

PHONE#: BALANCE\$: _____

EXISTING SECOND LOAN () TO BE PAID OFF () TO REMAIN ()

TO SUBORDINATE

SECOND LENDER PAYOFF: _____, _____, _____, LOAN#: _____

PHONE#: _____ BALANCE\$: _____

TITLE COMPANY _____ TITLE OFFICER _____ REP: _____

ORDER# (IF ALREADY OPENED) _____

INSURANCE: _____ PREMIUM AMOUNT\$ _____ EXPIRES _____

PHONE#: AGENT _____