



# INNOVATIVE CLOSING SOLUTIONS

TURNING YOUR REAL ESTATE INTO REAL PROFITS

## REFINANCE INFORMATION FORM

1. **Property Address:** \_\_\_\_\_ **File #:** \_\_\_\_\_
2. **Buyer's Personal Information**
  - FULL NAME: \_\_\_\_\_
  - FULL MAILING ADDRESS: \_\_\_\_\_
  - TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_
  - Full SSN: \_\_\_\_\_ Spouse Full SSN: \_\_\_\_\_ (required to request payoff)
3. **Marital Status:**  Married  Common Law Married  Never Married  Separated  Divorced  Widowed
  - Spouse printed name: \_\_\_\_\_ (spouse signature required by law **at closing** if working with a lender)
4. **Will you attend closing?**  Yes  No (\$75)      If no, should we →  Email docs  Mail docs (\$50 courier)
5. **Current Loan Information**
  - Company: \_\_\_\_\_  
Loan #: \_\_\_\_\_ Phone #: \_\_\_\_\_
  - Company: \_\_\_\_\_  
Loan #: \_\_\_\_\_ Phone #: \_\_\_\_\_
6. **Did ICS handle the closing when you purchased the property?**  Yes  No  I don't know
7. **Do you know of any estates attached to the property?**  Yes  No
  - If yes → County: \_\_\_\_\_ City: \_\_\_\_\_ Estate Number: \_\_\_\_\_ E \_\_\_\_\_
8. **New Lender Information**
  - Company: \_\_\_\_\_
  - Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>WINSTON SALEM OFFICE</b>	<b>GREENSBORO OFFICE</b>
351 N. PEACEHAVEN ROAD WINSTON SALEM, NC 27104	1901 LENDEW STREET, STE 4 GREENSBORO, NC 27408
TEL. / FAX.: 336.793.1953	
EMAIL: ORDERS@INNOVATIVECLOSINGSOLUTIONS.COM	

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I/we hereby authorize the recipient of this Authorization to release any and all information of any nature whatsoever with regards to the Property located at \_\_\_\_\_

\_\_\_\_\_ to:

The Elam Law Firm, PLLC

Telephone: 336-793-1953

D.B.A. Innovative Closing Solutions

Facsimile: 336-793-1953

Attn: Brian H. Elam

Email: orders@innovativeclosingsolutions.com

351 North Peacehaven Road

Winston Salem, North Carolina 27104

This authorization shall be valid whether recipient is in possession of an original, copy, or facsimile copy of this form. This authorization shall be valid for ninety (90) days from the date of execution stated below.

Name (printed): \_\_\_\_\_ (signed): \_\_\_\_\_

Dated: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name (printed): \_\_\_\_\_ (signed): \_\_\_\_\_

Dated: \_\_\_\_\_ Social Security Number: \_\_\_\_\_