



INNOVATIVE CLOSING SOLUTIONS

TURNING YOUR REAL ESTATE INTO REAL PROFITS

SELLER INFORMATION FORM

Property Address: _____ File #: _____

ALL INFORMATION BELOW IS NECESSARY FOR CLOSING. PLEASE COMPLETE THIS FORM IN ITS ENTIRETY
EACH INDIVIDUAL/MARRIED COUPLE MUST COMPLETE THEIR OWN FORM

1) Who do YOU CHOOSE to prepare seller documents? ICS (\$300) per set or _____

***Please note: if seller docs prepared by another attorney will be executed with ICS, there is a \$150 signing fee.**

2) Realtor commission: N/A OR _____ % of Sales Price OR \$ _____ Split: (list) _____ /(sell) _____

3) Will you attend closing? Yes No (\$75) If no, should we → Email docs Mail docs (\$50 per label)

4) Seller Full Name: _____ Date of Birth: _____

➤ Mailing Address: _____ **Cannot be the property address!**

City: _____ State: _____ Zip: _____

➤ Telephone: (____) _____ - _____ Email: _____

➤ Seller 1 full SS# _____ / Spouse's full SS# _____

(If seller is an LLC, provide EIN in place of SSN)

➤ Marital Status: Never Married Separated Divorced Widowed Married (Provide spouses name)

Spouses full name: _____ (spouse signature required by law **at closing** even if spouse is not an owner)

5) Is the property in a Homeowners Association? Yes No If "Yes", please complete below section:

➤ Contact Name: _____ Phone Number: _____

Email Address: _____

6) Name, Loan #, & Phone # for the Mortgage(s) currently secured by the property.

Please note: if there is a current loan, we will need at LEAST the last four of your SSN to order payoff!

➤ Company: _____

Loan #: _____ Phone #: _____

➤ Company: _____

Loan #: _____ Phone #: _____

NOTE: ICS does not represent sellers in a transaction without a specific representation agreement to the contrary. Seller should seek the advice of appropriate independent legal counsel before closing.

WINSTON SALEM OFFICE	GREENSBORO OFFICE
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
D.B.A. Innovative Closing Solutions
Attn: Brian H. Elam
351 North Peacehaven Road
Winston Salem, North Carolina 27104

Telephone: 336-793-1953
Facsimile: 336-793-1953
Email: orders@innovativeclosingsolutions.com

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: _____