FROST ESCROW CO
ESTABLISHED 1963

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Downey, CA 90240
Office 562-862-1100
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Print

Submit By Email

INFORMATION NEEDED TO OPEN A REFINANCE ESCROW

Borrower Name: _____

Property Address: _____

Mailing Address: _____

Home Phone: _____

Work Phone: _____

Estimated Close Date: _____

Borrower Social Security number (S):
#1 _____
#2 _____

Open Title With: _____ NEW: 1st 2nd Piggyback

Order # _____

New Loan amount: _____

Piggyback 2nd amount: _____

Property Located in _____ County APN # _____

Existing Loans To Be Paid Off

FIRST LOAN: Lender Name:_____

Address: _____ Phone: _____

Loan Number: _____

Approximate balance $ _____ Order demand **OR;** Subordinate

SECOND LOAN: Lender Name: _____

Address: _____ Phone: _____

Loan Number: _____

Approximate balance $ _____ Order demand OR; Subordinate

Homeowners Insurance

Insurance Company: _____ Agent: _____

Address: _____

Phone: _____ Fax: _____