



Seller Name: _____ Referred By: _____

Phone Number: _____ Fax Number: _____

Payor Name: _____ SSN: _____-_____-_____

Co-Payor Name: _____ SSN: _____-_____-_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Property Address: _____

City: _____ State: _____ Zip: _____

Lien Type: (circle one) 1st Lien 2nd Lien

Property Type: (circle one) SFR MH & Land Land Only Commercial

Additional Comments/Notes:

Sales Date: ____/____/____

1st Payment Date: ____/____/____

Sales Price: \$ _____

Down Payment: \$ _____

1st Lien Amount: \$ _____

2nd Lien Amount: \$ _____

Interest Rate: _____%

Term: _____ months

Payment Amount: \$ _____

Payments Made: _____ payments

Current Balance: \$ _____

Please fax to 888-446-3690 -OR- e-mail to info@txnb.com