

## **CD & DOC ORDER FORM**

## **COMPLETE THIS FORM IN ITS ENTIRETY TO ENSURE CLOSING DOCUMENTS ARE DELIVERED ON TIME.**

Today's Dat	e:					IBO	C Loan Number:														
Borrower N	ame(s	s):																			
Closing Dat	e:			Closing Time:				F				nding	Date	:							
2 <sup>nd</sup> Lien An	nt:	\$			1 <sup>st</sup> Lien Amt: \$			\$	S				Sales Price (if ap			pplicable): \$					
Property Ty	pe: S	Sing	le Family	e PUD			Con				ıdo			Townhome							
Loan Purpo	se:	Purchase			Refinance					Refi of	Home	Equ	quity			Construction to Perm					
1 <sup>st</sup> Lien Len Name*:	der							1 <sup>st</sup> Lien Closer Email:													
*Beneficiary	(Lend	er) o	n 1 <sup>st</sup> Lien	Note (Do	Not lis	t Trus	stee In	fo he	ere.	This is	usually	the	Lend	er's na	me	and/o	r Di	BA nam	ne)		
How Borrow will read on																					
Mail Out?	Yes:			No:	No:			f Ye		olease i	ase indicate pient:		Buyer:		[		Se	eller:			
Non- Purchasing Spouse (NP)				No:  No:  NPS Name a will appear of Lien Deed of				ar or	1 1 <sup>s</sup>	ı 1 <sup>st</sup>			NPS Email:								
Power of Attorney? (Must be reviewed and approved before										locume	cuments can be di			n):	,	Yes:			No:		
Trust? (Mus	st be r	evie	ewed and	approve	approved before documents car					n be dr	be drawn):				,	Yes:			No:		
Short-Pay/In	nteres	t Cr	edit? (If	If funding in the first five days of the month):										,	Yes:			No:			
				VERY I	MPO	RTAN	IT INF	ORI	MA	TION F	OR CD	AN	D CL	OSING	ì:						
Title Co Nai	me:			Tit							tle Co Address: City, State, Zip										
Title Co Lic	ense	No:		E						scrow Officer Name:											
Escrow Off	Licer	ise l	No: E							scrow Officer Phone No:											
Escrow Off	Emai	1:	:							Title Escrow Off Assistant:											
Title Escrov	v Ass	t En	nail:						Phone:							Add' tact	1				
Title Add'l	Emai				Pl				Ph	hone:				Title Oth			er:				
Email Addre Documents:		sen	ıd																		
Seller Name	e(s):									Seller(s) Address: City, State, Zip											
Real Estate Broker (Buyer):										Real Esta					e Br	oker	(Se	ller):			
Company N	lame:									Company Name:											
Company L	icens	e No	o:							Company License No:											
Address: City, St								Address: City, State, Zip													
Real Estate	ıme:	:						Real Estate Agent Name:													
Agent Licen								Agent License No:													
Agent Emai	1:									Agent Email:											
Agent Phone	e No:									Agent Phone No:											

Warranty Deed Information -

Our name should read: International Bank of Commerce

Trustee - Robert B. Barnes.

**Loss Payee Clause:** 

**International Bank of Commerce, ISAOA** 

**Attn: Mortgage Servicing** 

8998 Research Blvd. Austin, TX 78758

IF ANY LOAN INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY TO EQUAL HOUSING LENDER PREVENT CLOSING/FUNDING DELAYS!