

Phone: (864) 848-9370
Fax: (864) 243-8137
greenville@wlhawkinslawfirm.com



Greenville Office
9 Buena Vista Way, Suite B
Greenville, SC 29615

REFINANCE FORM

Wire Required

Borrower(s) Name(s): _____

Borrower(s) Current Address: _____

Borrower(s) Email Address(es): _____ / _____

Borrower(s) Cell Phone Number(s): _____

Borrower(s) Home Number: _____

Borrower(s) Work Number(s): _____

Name and Contact Information for Lender: _____

For any Mortgage or Equity Line Payoffs, please provide the following:

Name of Lender: _____ Account Number: _____

Social Security # of Primary Account Holder: _____

Name of Lender: _____ Account Number: _____

Social Security # of Primary Account Holder: _____

Is this your primary residence? Yes No

Will you attend closing? Yes No

Will you use a Power of Attorney? Yes No

If you are not planning to attend closing, please contact our firm as soon as possible.

Did we miss anything? _____

We look forward to your real estate closing!