



FIRST EXCEL TITLE, LLC

Real Estate Settlement Services

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CLOSING/TITLE REQUEST FORM

REQUEST DATE: _____

ESTIMATED CLOSING DATE: _____

FROM: _____

BORROWER NAME: _____

SSN: _____ E-Mail: _____

HOME #: _____ WORK #: _____ CELL #: _____

CO-BORROWER NAME: _____

SSN: _____ E-Mail: _____

HOME #: _____ WORK #: _____ CELL #: _____

HOLDING TITLE AS: _____

SUBJECT PROPERTY ADDRESS: _____

PROPOSED LOAN AMOUNT(S): _____ 1st TRUST _____ 2nd TRUST _____

TYPE OF LOAN (CONV, VA, FHA, CONSTRUCTION): _____

CURRENT SALES PRICE (if applicable): _____

NAME OF SELLER(S)(if applicable): _____

LIENS & DEBTS TO BE PAID OFF AT CLOSING:

(A) NAME OF DEBTOR/LENDER: _____

LOAN/ACCOUNT NO.: _____ PHONE NO.: _____

(B) NAME OF DEBTOR/LENDER: _____

LOAN/ACCOUNT NO.: _____ PHONE NO.: _____

PLEASE SCHEDULE THE ABOVE-REFERENCED LOAN WITH THE CLOSING DEPARTMENT

NAME: _____ EMAIL: _____ PHONE: _____

LOAN OFFICER: _____ LOAN PROCESSOR: _____

LOAN OFFICER ASSISTANT: _____ CLOSER: _____

TITLE WORK TO BE FAXED/EMAILED TO: _____

**Please return this completed form to:
TITLE@FIRSTEXCEL.NET**