



3480 W. MARKET STREET  
P.O. BOX 5284  
FAIRLAWN, OHIO 44333

(330) 835-1655  
FAX: (330) 835-1650  
EMAIL: andrew@kingdomtitle.net

**Seller Information/Authorization Form**

**Contact Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Marital Status:  Married  Single Marital Status:  Married  Single

If married, name of spouse: \_\_\_\_\_ If married, name of spouse: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Is this your primary residence?  Yes  No

If yes, how many years have you lived there? \_\_\_\_\_

Is this a condo?  Yes  No

If yes, please list the Management Company name and phone number: \_\_\_\_\_

Is there a homeowner's association?  Yes  No

If yes, please list the Association name and phone number: \_\_\_\_\_

**Current Mortgage Information:**

1<sup>st</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2<sup>nd</sup> Mortgage Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Equity Line Company: \_\_\_\_\_

Loan Number: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I/We hereby authorize Kingdom Title Solutions, Inc. to verify and obtain any information necessary pertaining to past and present mortgages, lines of credit, and any other accounts of which information may be required. The information obtained by Kingdom Title Solutions, Inc. is only to be used in the processing my real estate transaction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature