



**Alan G.
Carpenter, PA**

316 E Broad St.
Statesville, NC 28677

704.872.6242

704.872.6246

info@alancarpenter.net

Refinance Form

PAGE 1 OF 1

Please fax or email this form back to our offices as soon as possible.
Failure to return this form may delay closing.

REFINANCER 1

Full Legal Name: (FIRST, MIDDLE, LAST)

Property Address:

Forwarding Address After Closing:

Phone #:

Email Address:

Signature:

REFINANCER 2

Full Legal Name: (FIRST, MIDDLE, LAST)

Property Address:

Forwarding Address After Closing:

Phone #:

Email Address:

Signature:

*By signing this document, I hereby authorize Alan G. Carpenter's Office
to order the payoff on my behalf for the above-described loan.

Payoff Information

First Mortgage Company:

Phone #:

Account #:

Second Mortgage Company:

Phone #:

Account #:

Social Security Number Associated With Account:

*Please note: Information sheets are required to be sent back as soon as possible in order to aid
in the preparation of legal documents. If we do not get information sheets back within a certain
amount of time before closing, the transaction will be delayed.