

SELLERS/BORROWERS AUTHORIZATION FORM

Customer Name: _____

Property Address: _____

Lender/Bank Name: _____

Lender/Bank Phone #: _____

Loan/Account Number: _____

REQUIRED

Social Security Number: _____

REQUIRED

ALL INFORMATION MUST BE FILLED IN FOR EACH LOAN (ATTACH ADDITIONAL SHEET IF NEEDED)

I/We, hereby authorize the release of any payoff and/or loan information to any employee at Vinopal Title and Abstract, LLC @ fax number (715) 831-0882.

Signed and dated this _____ day of _____, 2010.

(customers signature)

Customers address after closing: _____

Phone number: _____