



COMPASS TITLE AND CLOSING, INC
BUYER/BORROWER INFORMATION FORM

Please provide the information requested and return this form to your processor within 5 days
Submit Via email or Print and fax to 603-314-0485

ABOUT YOU:

Contact Name:

Contact Name:

Current Address:

Current Address:

Phone Number:

Phone Number:

Email Address:

Email Address:

Social Security#:

Social Security#:

Married? Y N

Married? Y N

Spouse's Name:

Spouse's Name:

Are you Purchasing the property in the name of a trust? Yes No

About your homeowner's Insurance:

Your lender will require that we collect a homeowner's insurance binder/policy at closing (condominium and land closings excluded). We absolutely cannot schedule the closing with your lender until we have the following information.

First Year Annual Premium: \$

Insurance Company:

Agent's Telephone Number:

If you do not have your homeowner's insurance information at this time, please return the form with the rest of the fields completed, and provide us with the information once available.