



CD & DOC ORDER FORM

COMPLETE THIS FORM IN ITS ENTIRETY TO ENSURE CLOSING DOCUMENTS ARE DELIVERED ON TIME.

Today's Date:		IBC Loan Number:		Return form to:	
Borrower(s) Name(s):					
2 nd Lien Loan Amt:	\$	Closing Date:		Closing Time:	
1 st Lien Loan Amt:		\$	Sales Price (if applicable):		\$
Property Type:	SFR: <input type="checkbox"/>	PUD: <input type="checkbox"/>	Condo: <input type="checkbox"/>	Townhouse <input type="checkbox"/>	
1 st Lien Lender Name*:			1 st Lien Closer Email:		
<i>*Beneficiary (Lender) on 1st Lien Note (Do Not list Trustee Info here. This is usually the Lender's name and/or DBA name)</i>					
How Borrower(s) Name(s) will read on documents:					
Mail Out?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If Yes, please indicate recipient:	Buyer: <input type="checkbox"/>	Seller: <input type="checkbox"/>
Non-Purchasing Spouse (NPS)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	NPS Name as it will appear on 1 st Lien Deed of Trust:	NPS Email:	
Power of Attorney? (Must be reviewed and approved before documents can be drawn):				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Trust? (Must be reviewed and approved before documents can be drawn):				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Short-Pay/Interest Credit? (If funding in the first five days of the month):				Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
VERY IMPORTANT INFORMATION FOR CD AND CLOSING:					
Title Co Name:		Title Co Address:			
Title Co License No:		Escrow Officer Name:			
Escrow Off License No:		Escrow Officer Phone No:			
Escrow Off Email:		Title Escrow Off Assistant:			
Title Escrow Asst Email:		Phone:		Title Add'l Contact:	
Title Add'l Email:		Phone:		Title Other:	
Email Address to send Documents:					
Seller(s) Name(s):			Seller(s) Address:		
Real Estate Broker (Buyer):			Real Estate Broker (Seller):		
Company Name:			Company Name:		
Company License No:			Company License No:		
Address:			Address:		
Real Estate Agent Name:			Real Estate Agent Name:		
Agent License No:			Agent License No:		
Agent Email:			Agent Email:		
Agent Phone No:			Agent Phone No:		

Warranty Deed Information - Our name should read: International Bank of Commerce. Trustee - Robert B. Barnes.

Loss Payee Clause: International Bank of Commerce, ISAOA PO Box 866 McAllen, TX 78505

IF ANY LOAN INFORMATION CHANGES, PLEASE NOTIFY US IMMEDIATELY TO PREVENT CLOSING/FUNDING DELAYS!

