CUSTOMER AUTHORIZATION FORM

METROPOLITAN TITLE

Property Address:_____

Owners:_____

Email Address:_____ Phone:_____

Email and Phone are required fields

Date of Request:_____ Metro File #:_____

Seller(s) are (check one) ☐ Living ☐ Deceased ☐ Business ☐ Trustor ☐ Guardianship

Foreign Investment Real Property Tax Act (FIRPTA): (check one) Seller ☐ IS ☐ IS NOT a U.S. Citizen

Payoff 1:

Lender Name:_____ Lender Phone Number:_____

Account Number:_____ Borrower Name:_____

Payoff 2:

Lender Name:_____ Lender Phone Number:_____

Account Number:_____ Borrower Name:_____

Homeowner's Association:

HOA Contact:_____ ☐ N/A, there is no Mandatory HOA

Phone:_____ Email:_____

Amount Paid: $_____ (check one) ☐ Yearly ☐ Monthly ☐ Quarterly Last Dues Paid:_____

Please fax or email this information to the office above as soon as possible.

I/We the undersigned authorize you to release payoff information for my account to any Metropolitan Title office:

Thank you for your time and consideration in this matter.

_____ _____

Signature Date Signature Date

_____ _____

Social Security Number Social Security Number

Seller's Forwarding Address:_____ , _____