



314 W Superior St – Ste 101, Duluth, MN 55802 ~ Ph: 218-720-0052 Fax: 218-720-7601

APPLICATION FOR CLOSING SERVICES

AATC File No. _____ **Cash** **Lender** **Lender Name:** _____

Anticipated closing date: _____

Property Address: _____

Buyer(s): _____

Address: _____

Phone: _____ Email: _____

Social Security No. _____ Social Security No. _____

Vesting by deed at closing: **Joint Tenants** **Tenants in Common**

Selling Realtor: Agent Name: _____ Phone: _____

Company Name: _____ Email: _____

Broker Admin Fee \$ _____ Broker Reimbursement \$ _____

Special instructions: _____

Seller(s): _____

Address: _____

Phone: _____ Email: _____

Social Security No. _____ Social Security No. _____

Mortgage Payoff(s):

Lender Name: _____

Lender Name: _____

Acct No. _____

Acct No. _____

Phone: _____

Phone: _____

Listing Realtor: Agent Name: _____ Phone: _____

Company Name: _____ Email: _____

Earnest Money: \$ _____ Held By: _____

Commission: _____% or \$ _____ Broker Admin Fee \$ _____ Broker Reimbursement \$ _____

Commission Split/Checks at Closing: _____

AATC to Prepare Deed: Yes No (\$100.00 Charge)

Well Disclosure Needed: Yes No (\$50.00 Filing Fee)

Septic Compliance/Inspection/Disclosure?: _____

I&I Compliance needed: Yes No **I&I Compliance Check Complete:** Yes No (provide copy to AATC)

Garbage Receipt /Paid in Full Statement: Yes No (provide copy to AATC)

Bills to be paid at closing: Yes No Describe: _____ (provide copy to AATC)

Special Instructions: _____

