

YOUNG TITLE COMPANY, INC.

CLIENT INFORMATION

GF NO:
(SELLER: _____)
(BUYER: _____)

PLEASE ANSWER ALL OF THESE QUESTIONS

BUYER (Or Owner, if Refinancing)

BUYER'S ADDRESS:

BUYER'S TELEPHONE: _____

WORK/CELL NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

BUYER'S SOCIAL SECURITY NO.: _____

IF MOVING, NEW ADDRESS: _____

IF FINANCING, WHAT BANK _____

HOMEOWNER'S INSURANCE COMPANY: _____

If only one person is listed, please indicate if you are married or single and provide spouse's name if married: _____ (necessary under Texas property law)

**PLEASE COMPLETE AND RETURN. THIS INFORMATION HELPS US
TIMELY AND ACCURATELY COMPLETE YOUR CLOSING AND IS KEPT
STRICTLY CONFIDENTIAL. THANK YOU!**

FAX# 903-782-9700