[PORT • R]

SELLER AUTHORIZATION FORM

Property:	
Seller(s):	
Settlement Date:	

I am providing authorization for PORTR Co to order any/all required certifications and mortgage payoffs on my behalf, necessary to complete the sale and transfer of my property referenced above. Payoffs and/or certifications can be sent via fax or email to:

Thomas Rafferty - Conveyancer
Fax: (215) 967-7510
Email: thomas@portrworks.com

FIRST MORTGAGE	
Company Name:	
Account Number:	
Phone Number:	
SECOND MORTGAGE	
Company Name:	
Account Number:	
Phone Number:	

**** If mortgage is a home equity or line of credit it needs to be frozen prior to closing*

Seller Signature Date

SS# or Tax ID (for Entities)

Date of Birth

Seller Signature Date

SS# or Tax ID (for Entities)

Date of Birth

*****Electronic signatures will not be accepted on this form.**