



ECONDOSERVICES - PROVIDENCE POINT ESCROW REQUEST FORM

Please review this document carefully



This document outlines your responsibility in connection with the following requested work. Fees for requested work are due and owing regardless of whether your transaction closes.

DISCLOSURE DEPARTMENT

PHONE: (425) 637-0412

FAX: (425) 637-0429

E-MAIL: disclosure.department@econdoservices.com

The Disclosure Department of eCondoServices acknowledges your request for disclosure documentation. Before your request can be processed, we require that you complete Section A, Section B, and Section C below:

SECTION A

Name of Individual Requesting Information		E-mail Address	
Legal Name of Requesting Company		Phone Number	Facsimile Number
Requesting Company Address			
City, State, Zip			
This transaction is a purchase/sale or refinance? Check One: <input type="checkbox"/> Purchase/Sale* <input type="checkbox"/> Refinance			
<i>*Note: If this transaction is a purchase/sale, please collect the \$99.75 transfer fee made payable to eCondoServices.com, LLC.</i>			
Condominium Association Name PROVIDENCE POINT		Village	
Property Street Address		City, State, Zip	
Unit Number	Name of Buyer(s)	Transaction Number(s)	

SECTION B

REQUESTED DOCUMENT(S) AND PROCESSING TIMES

eCondoServices charges a fee to process your disclosure document. The charge is billed to whoever requests the document. The fee varies depending upon the disclosure document you are requesting and the date by which you require the documentation. Below is a fee schedule that outlines the type of disclosure document, the preparation time by eCondoServices, and the related charge.

Indicate type of document and time frame below:

<u>DOCUMENT</u>	<u>PREPARATION TIME</u>	<u>CHARGE</u>
* <input type="checkbox"/> Escrow Questionnaire / Statement/ HOA Payoff / Demand Request	3 business days	\$ 121.00
* <input type="checkbox"/> Estoppel	3 business days	\$ 161.00

* If the unit is in collections, the payoff portion of the questionnaire will come from the collections firms, separately. They have their own productions timelines and fees.

(Continued on Page 2)

SECTION B (Continued)

(The documents below are requested as updated or ancillary requests. You must first request a document from Page 1.)

ADDITIONAL DOCUMENTS:

<u>DOCUMENT</u> (Choose all that apply)	<u>PREPARATION TIME</u>	<u>CHARGE</u>
<input type="checkbox"/> Updated Document	3 business days	\$ 51.00
<input type="checkbox"/> Current Ledger *	3 business days	\$ 31.00
<input type="checkbox"/> Payoff Statement *	3 business days	\$ 31.00

* If the unit is in collections, this document cannot be provided by our Office. It will be provided by the Collection's firm.

NOTE - The preparation times for the above items and the items on Page 1 begin after payment is received or post closing payment is indicated on Section C of Page 3. Requests received after 2 PM will be considered received the next business day for queuing purposes.

COST OF SELECTED DOCUMENTS AND SERVICES:

ADD EXPEDITED SERVICE:

<input type="checkbox"/> Expedited Document (any)	1 business day	\$ 100.00
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TOTAL COST OF SELECTED DOCUMENTS AND SERVICES:

Estimated Closing Date: _____

eCondoServices, LLC requires a duly authorized agent from your company to sign below accepting the terms of eCondoServices' disclosure work and agrees to pay the charges described herein.

PLEASE READ CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING CONTRACT.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THE FOREGOING TERMS AND CONDITIONS OF THE REQUESTED DISCLOSURE WORK AND AGREES TO THE SAME. FURTHER, THE UNDERSIGNED FULLY UNDERSTANDS AND AGREES THAT THE FEES RELATED TO THE ISSUANCE OF THIS REQUESTED DOCUMENTATION ARE DUE AND OWING REGARDLESS OF WHETHER THE RELATED TRANSACTION CLOSES. THE UNDERSIGNED FURTHER REPRESENTS THAT IF HE/SHE IS REQUESTING THIS DOCUMENTATION ON BEHALF OF A COMPANY, HE/SHE HAS THE FULL AUTHORITY TO BIND SUCH COMPANY. FURTHER, THE UNDERSIGNED UNDERSTANDS AND AGREES THAT IN THE EVENT THE UNDERSIGNED FAILS TO MAKE ANY PAYMENTS WHEN DUE UNDER THIS CONTRACT, THE UNDERSIGNED SHALL PAY ALL COSTS AND EXPENSES, INCLUDING ATTORNEY/LEGAL FEES, INCURRED IN COLLECTING ANY PAYMENT DUE UNDER THIS CONTRACT.

Name

Title

Company

Signature

Date

SECTION C (Choose One Option)

PAYMENT OPTION 1 BY CREDIT CARD  

For your convenience, you may charge your payment to VISA/MC. Please complete and fax for processing.
ALL INFORMATION IS CONFIDENTIAL.

Requester's Name
Card Holder's Name
Billing Address
City/State/Zip
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Expiration Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
3 Digit Card Verification Number (CVV2 Code) <input type="text"/> <input type="text"/> <input type="text"/> Payment Amount _____
Signature _____ Date _____

Charge backs will be considered delinquent and subject to collection provisions outlined in Section B.

PAYMENT OPTION 2 INVOICE TO RESPONSIBLE PARTY (Subject to a \$15.00 invoicing fee)

Requester's Name
Signature _____ Date _____

Signature indicates payment has been mailed to:
eCondoServices, LLC, Attention: Providence Point Disclosure Department
P.O. Box 50444, Bellevue, WA 98015-0444

PLEASE MAIL OR FAX THIS COMPLETED FORM TO:

eCondoServices, LLC
Attention: Providence Point Disclosure Department
P.O. Box 50444
Bellevue, WA 98015-0444

Disclosure Department - Phone
(425) 637-0412

Disclosure Department - Fax
(425) 637-0429

Once we have received the completed form and payment, we will process your request.
Disclosure work will not commence until this form and payment have been received.
Please be advised that an incomplete form may delay the processing of your request.
Thank you.

IMPORTANT NOTE TO CLOSING AGENT

ADDITIONAL ESCROW INSTRUCTIONS

In the event this transaction is a purchase/sale, eCondoServices requires that you include the following Additional Escrow Instruction to your transaction:

- A. Provide eCondoServices with the Full Name(s) and Address of Buyer(s) and Seller(s).
- B. Provide eCondoServices with the Forwarding Address of Seller(s).
- C. Provide eCondoServices with the alternative mailing address of Buyer(s), if Buyer(s) will not occupy the unit
- D. In the event the Seller's Association account has a balance due, you are instructed to collect the balance due at closing.
- E. In the event the Seller's Association account has a credit (prepaid) balance, you are instructed to account for the prepaid balance at closing.
- F. Provide eCondoServices with a statement confirming transfer of ownership to the Buyer(s) from the Seller(s) (i.e. Copy of the Deed, Settlement Statement, etc.). **Note: Ownership records can not change without proper documentation.**
- G. Funds to the Association must be made payable to the name of the Association and must be accompanied by an itemized statement of the funds enclosed.
- H. Funds to eCondoServices must be made payable to eCondoServices and must be accompanied by an itemized statement of the funds enclosed.
- I. If this transaction is a purchase/sale, please collect the \$99.75 transfer fee made payable to eCondoServices
- J. Owners are reminded to cancel ACH/Auto Dues Payments once unit is set to close. This must be done by the 20th of the month to take affect the following month.
- K. The completed request is good to the last date of the month in which the request was ordered. An updated document will be needed after the month-end expiration date.

Remember:

**Fees due to eCondoServices must be sent on a separate check
made payable to eCondoServices**

DO NOT combine eCondoServices' fees with those of the Association

Any checks that combine
eCondoServices' funds with Association's funds
will be returned to you for reissuing.



econdoservices[®]

Big service. Little price.[™]

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