

Borrower(s):

Date Prepared:

Property Address:

SERVICE PROVIDER LIST

| Service Type | Provider Name | Provider Address | Provider Phone | Cost |
|---------------------------------------|---------------|------------------|----------------|------|
| Pest Inspection (Termites) | | | | |
| Home Inspection | | | | |
| Appraisal | | | | |
| Appraisal Completion Certification | | | | |
| Title Insurance (Lenders) | | | | |
| Title Insurance (Owner's – Purchases) | | | | |
| Escrow Company | | | | |
| Closing Attorney (state required) | | | | |
| Processing (external) | | | | |
| Notary Fee | | | | |
| Signing Service | | | | |
| Home Warranty | | | | |

