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INVOICE

You must submit your invoice after your closing to be paid. Please fax or email to us.

MAKE CHECK PAYABLE TO: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE: _____ **EMAIL ADDRESS:** _____

☐ **Check this box if your address has changed.**

☐ **Check this box if this is your first closing with us.**

The pay period ends on the last day of the month. (all closings done in one calendar month will be on the same check)

Checks will be disbursed on the 15th of the month following the month of your closing(s).

MONTH OF: _____

DATE	BORROWER	CITY, STATE	LENDER	TITLE CO.	FEE

TOTAL DUE: _____