

ENNIS PROPERTY MANAGEMENT, INC.

RESALE CERTIFICATE REQUEST

Estimated Closing Date: _____ Selling Price: _____

Requested By: _____ Phone: _____

Property Address: _____

Seller's Name: _____ Phone: _____

Seller's Address: _____

Prospective Buyer: _____ Phone: _____

Buyer's Address: _____

Buyer's Attorney: _____ Phone: _____

Mortgaging Bank: _____

Please Mail the Resale Package to the Following Address (will be mailed only if fee for mailing is paid):

FEES

Resale Document Fee (7-10 Days)	PICK UP AT OFFICE REQUIRED	\$125.00
Expedited Service (3 Days)	PICK UP AT OFFICE REQUIRED	\$ 10.00
Postage for Mailing		\$ 10.00

TOTAL FEES PAID \$ _____

PAYMENT OPTIONS: PLEASE INDICATE (MAKE CHECKS PAYABLE TO ENNIS PROPERTY MANAGEMENT)

_____ **CHECK** – Will Need to Accompany Requests by Mail or Hand Delivered to Office (no faxes)

_____ **CHECK BY PHONE** – Call (800) 872-4873 to Process Payment

_____ **MASTERCARD/VISA** – Complete Information Below

Name on Card _____

Card # _____ Expiration Date _____

Security Code _____ Zip Code Associated with Card _____

For Office Use Only

Monthly Common Charge \$ _____ Balance Due \$ _____ As Of _____

Assessment _____ Balance Due \$ _____ As Of _____

Deliquesnt >60 Days _____ \$ _____ # Foreclosures Filed in 12mo _____ # Pending _____

Picked-Up By _____ Date _____ or Mailed _____