



Deed of Trust / Note Preparation Worksheet

1. Document Type: \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

2. Property Address:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_

3. Return Address:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Trustor (Borrower): \_\_\_\_\_

\_\_\_\_\_

address \_\_\_\_\_

5. Beneficiary (Lender): \_\_\_\_\_

\_\_\_\_\_

address \_\_\_\_\_

6. Trustee (Deed of Trust): check if same as Beneficiary

\_\_\_\_\_

7. Loan Amount/Interest: \$ \_\_\_\_\_ %

8. Loan Dates: Start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

9. Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Credit Card Authorization/Payment Agreement

Method of Payment:     Check         Credit Card

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_

*Please write checks for an amount that is quoted , or leave checks blank, or include a “not to exceed” amount in the memo area of your check. Payment must be made in full prior to services being performed.*

*Please take a color picture of the front and back of the check and email our office.*

*Document transfer taxes may be collected in advance.*

*Please make checks payable to Record My Docs*

Credit Card Type:     Visa             Mastercard     Amex         Discover

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize the purchase of services from ASCC, Inc. using this Credit Card Authorization Form. By using this account for payment a convenience fee of 3.5% of the total amount charged will be added to my invoice.*

*I agree that I will pay for any purchase and indemnify and hold ASCC, Inc. harmless against any liability pursuant to this authorization.*

*I understand that my signature on this form serves as authorized signature on the credit card charge slip.*

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_