



# **SUPERIOR**

**Association Management, LLC**

*Providing Superior service to our communities – one homeowner at a time*

## **Mailed or Faxed Resale Request Form**

Date Submitted: \_\_\_\_\_ Date Required: \_\_\_\_\_

Instructions:

**Please provide the below information, which is required in order to process your request:**

**NOTE: IN ORDER TO PROCESS, FORM MUST BE FILLED OUT IN ENTIRETY.**

Payment must be received at time of request in order for processing to begin.  
See payment options at the end of this form.

### **Residence / Unit Information:**

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Community Name: \_\_\_\_\_

Street Address (NO P.O. Box): \_\_\_\_\_

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

### **Seller Information:**

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Seller's Full Name: \_\_\_\_\_

Co-Seller's Full Name: \_\_\_\_\_

Seller's Address (if different than sale address): \_\_\_\_\_

Seller's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Seller's Original Purchase Date: \_\_\_\_\_

### **Buyer Information:**

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Buyer's Full Name: \_\_\_\_\_

Co-Buyer's Full Name: \_\_\_\_\_

Buyer's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Transaction Information** (Photocopy of 1<sup>st</sup> page of sales agreement required to be attached)

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Settlement Date: \_\_\_\_\_ Escrow #: \_\_\_\_\_ Sale Price: \_\_\_\_\_

Closing Attorney Name: \_\_\_\_\_

Closing Attorney Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Title Company Name: \_\_\_\_\_

Title Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Delivery Information**

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Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Document Delivery:

Fax Attention: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax #2: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-mail 2: \_\_\_\_\_

Recipient name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Street address: \_\_\_\_\_

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

**Processing Information**

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Resale Packages

Standard processing (10 business days) - \$190 .....

Shipping Method (select one):

Standard Shipping (3-5 business days) - \$9.95 .....

Rush Shipping (2 business days) – \$19.95 .....

Overnight Shipping (end of next bus. day) - \$39.95 .....

**Total Due:**

**NOTE:** Upon completion of processing the Resale Certificate will be faxed or mailed to you. The complete set of documents will be sent via the requested shipping method. Shipping time is in addition to processing time.

**Payment Information**

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Check Enclosed (mailed requests only; faxed requests MUST include credit card information)

Credit Card Information:

Cardholder name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card type:      Visa            Mastercard            American Express            Discover

*Cardholder acknowledges that processing fees are not refundable or cancellable. Charges are processed through Community Association Bank, an affiliate of Mutual of Omaha Bank.*

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

*For questions please contact:*

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