



# Payoff Request Form

Contract Number or Lease Number for which a payoff is being requested:

Date on which the payoff would take place:  /  /

Name of Customer on Contract or Lease:  Name:

Address information for Customer:  Street:  
 Street2:  
 City:  State:  Zip:

Fax Number to which payoff quotation should be faxed:  (  )  -

To whose attention should fax be directed?  Attn:

Please read following information and sign in appropriate location:

**I do hereby request a payoff calculation to be completed and sent to the fax number shown above. I understand that a check in the amount of \$50.00 is required to process this request. I also understand that the \$50.00 check will be applied against the payoff amount quoted, if the payoff occurs within 15 days of the request. In the event that the payoff does not occur within 15 days, I agree that the \$50.00 is the cost of preparation of the payoff quote. I understand that the signature below will be compared to the signatures of the original closing documents and that the payoff will only be generated if they match.**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Please mail this request with the \$50.00 check to:

**NBF Capital, LLC  
Payoff Request  
P.O. Box 4046  
Salt Lake City, UT 84110-4046**

Additional instructions relating to the payoff quote:

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