

Title Order Form

Attached:	<input type="checkbox"/> Contract
	<input type="checkbox"/> Prior Owner's Policy
	<input type="checkbox"/> Survey
	<input type="checkbox"/> Other _____

Order Date ___/___/___ Closing Date ___/___/___ Sales Price \$ _____ Title Quote \$ _____

Realtor Information

Listing Agent _____	Selling Agent _____
Company _____	Company _____
Phone _____ Fax _____	Phone _____ Fax _____
Email _____	Email _____
Commission ____% Processing fee ____ +MLS Fee ____	Commission ____% Processing fee ____ +MLS Fee ____

Property Information

Property Address _____ County _____
Legal Description/Subdivision/Condo Name _____
HOA/Condo Association _____ Amount \$ _____ per _____
Contact Person _____ Phone _____

Seller Information

Name _____	Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M
Social Security No. _____	Phone _____	Cell _____	
Email _____			
Name _____	Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M
Social Security No. _____	Phone _____	Cell _____	
Email _____			
Forwarding Address _____			
Mail away to seller?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Payoff Information

Mortgage Co. _____	Loan No. _____	Ph. _____
Mortgage Co. _____	Loan No. _____	Ph. _____

Buyer Information

Name _____	Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M
Social Security No. _____	Phone _____	Cell _____	
Email _____			
Name _____	Marital Status	<input type="checkbox"/> S	<input type="checkbox"/> M
Social Security No. _____	Phone _____	Cell _____	
Email _____			
Forwarding Address _____			
Mail away to buyer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

New Mortgage Information

Lender _____	Contact _____
Phone _____	Fax _____
<input type="checkbox"/> Conventional <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Other: _____	

Additional Information

Would you like us to order a survey? Yes No Would you like us to order a termite inspection? Yes No
Homeowner's Insurance _____ Phone _____
Home Warranty _____ Amount _____ Paid by _____

NOTES: _____
