

Current Date: _____
 Title Rep: _____

TITLE ORDER FORM



CLOSING & PROPERTY DETAILS					
Ordered By:		Company:		Phone:	
PROPERTY	County:		CLOSING	Estimated Date: _____	
Address:			<i>Location:</i>	<input type="checkbox"/> Arrow Easton	<input type="checkbox"/> Listing Agent Office
City:		Zip:	<input type="checkbox"/> Other:	<input type="checkbox"/> Arrow Waverly	<input type="checkbox"/> Selling Agent Office
Parcel#		Price \$		<input type="checkbox"/> Arrow Chillicothe	<input type="checkbox"/> Loan Officer's Office

SELLER DETAILS	
SELLER NAME ON TITLE: _____ <input type="checkbox"/> Single <input type="checkbox"/> Married	
Forwarding Address:	
His SSN:	LISTING AGENT:
Her SSN:	Company:
Best Phone #:	Email:
Email:	Office Ph: _____ Fax: _____
Does Seller have an Attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name & # in Notes)	Mobile: _____ COMMISSION = _____
Payoff Info: 1 st Mortgage:	Loan/Acct # _____
2 nd Mrtg/Other:	Loan/Acct # _____
Prior Title Ins. Policy: Amount \$ _____	Policy/Closing Date: _____ (Please email/fax a copy of SIGNED HUD or POLICY.)
Does Seller want Closing Protection Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BUYER DETAILS	
BUYER NAME (as desired on title): _____ <input type="checkbox"/> Single <input type="checkbox"/> Married	
Pre-Closing Address:	
His SSN:	SELLING AGENT:
Her SSN:	Company:
Best Phone #:	Email:
Email:	Office Ph: _____ Fax: _____
Does Buyer have an Attorney? <input type="checkbox"/> No <input type="checkbox"/> Yes (Send Name & #)	Mobile: _____ COMMISSION = _____
Will Buyer Be Owner-Occupant? <input type="checkbox"/> Yes <input type="checkbox"/> No, Mailing Address is _____	
Does Buyer want Closing Protection Coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No Survey: <input type="checkbox"/> Need New <input type="checkbox"/> Old Attached <input type="checkbox"/> Lender to Order <input type="checkbox"/> None	
LENDER:	Phone: _____ Fax: _____
Loan Contact:	Email: _____

OTHER ITEMS	
Homeowner's Assoc or Condo Mgt Co:	Phone: _____
Hazard Ins. Co.:	Agent: _____ Phone: _____
Termite Insp: \$ _____	Well Test: \$ _____
Gas Line \$ _____	Other \$ _____
Home Warranty: \$ _____	Septic \$ _____
Notes:	