



**TITLE INSURANCE ORDER**

**Fax: (952) 942-5550**

Date: \_\_\_\_\_

(Please circle one) **Sale Refinance**

Mortgage Company: \_\_\_\_\_

Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Processor: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**PROPERTY INFORMATION:**

Property Address: \_\_\_\_\_

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

Tax Parcel (PIN) Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Abstract Location or Torrens Information (if known): \_\_\_\_\_

*Please fax a copy of the purchase agreement and any related documents with this order form.*

Loan Amount \$ \_\_\_\_\_ Sale Price \$ \_\_\_\_\_

Lender To Be Insured: \_\_\_\_\_

**BORROWER / BUYER INFORMATION:**

Borrower/Buyer: \_\_\_\_\_ SSN: \_\_\_\_\_

Co-Borrower/Buyer: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SELLER INFORMATION:**

Seller #1: \_\_\_\_\_ SSN: \_\_\_\_\_

Seller #2: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SALE INFORMATION:**

Listing Agent: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Listing Company/Branch: \_\_\_\_\_ Branch Phone: \_\_\_\_\_

Selling Agent: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Selling Company/Branch: \_\_\_\_\_ Branch Phone: \_\_\_\_\_

Seller's Closer: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Seller's Closing Company: \_\_\_\_\_ Fax: \_\_\_\_\_

**PAYOFF INFORMATION:** (If you have Mortgage Statement(s) please fax them with this form).

First Mortgage: \_\_\_\_\_ Loan No: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Mortgage: \_\_\_\_\_ Loan No: \_\_\_\_\_ Phone: \_\_\_\_\_

Other: \_\_\_\_\_ Loan No: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
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