



Order for Title Insurance & Escrow Service

Fax To / _____

Closing Date:
 Today's Date:
 Loan Amount:

Rush?

Lender Information:	
Name	
Company	
Address	
Phone	Fax

Client/Property Information:

Property Address: _____
 Legal Description: _____
 City & Zip: _____ County: _____
 Borrower: _____ SS#: _____
 Borrower: _____ SS#: _____
 Borrower's Address (if different): _____
 Phone #: _____ Fax #: _____

Policy Type:	Services:	Number Of PTR's:	Other:
<input type="checkbox"/> 1st T.D. <input type="checkbox"/> 2nd T.D. <input type="checkbox"/> Standard <input type="checkbox"/> ALTA Extended <input type="checkbox"/> LCLP	<input type="checkbox"/> Title & Escrow <input type="checkbox"/> Title Insurance Only <input type="checkbox"/> Fax Trio	<input type="text"/>	Send Reports to Borrower? Yes or No

Payoff Information:

Company/Acct #: _____
 Company/Acct #: _____
 Company/Acct #: _____

Escrow Information:

Fax Your Order To: