

TITLE ORDER FORM



FAX TO 954-620-5105

☐ RUSH CLOSING

Today's Date:

Account Executive:

TYPE OF TRANSACTION

☐ REFINANCE

☐ PURCHASE

☐ NEW CONSTRUCTION

☐ SELLERS DOCUMENTS

☐ EQUITY LINE

Ordered by:

Company:

Phone:

Fax:

Email:

Property Address:

Zip:

Estimated Closing Date:

BORROWER'S/BUYERS INFORMATION

Purchase Price: \$

Loan Amount: \$

Borrower's Name:

Marital Status:

Co-Borrower's Name:

Marital Status:

Borrower(s) cell phone #:

Home #:

Email:

Homestead Property: ☐ Yes ☐ No

Lender:

Contact:

Phone #:

IF THIS IS A PURCHASE; PLEASE PROVIDE THE FOLLOWING INFORMATION

Seller #1 name:

Marital Status:

Seller #2 name:

Marital Status:

Are the seller(s) U.S. Residents/ Citizens: ☐ Yes ☐ No

Foreign National: ☐ Yes ☐ No

Home Phone:

Work Phone:

Cell Phone:

Email:

SELLER'S EXISTING MORTGAGES

1st Mortgage Held By:

Loan #:

Social Security #:

Lender Phone #:

2nd Mortgage Held By:

Loan #:

Social Security #:

Lender Phone #:

REAL ESTATE AGENT(S) INFORMATION

Buyer's Realtor:

Office Phone:

Company:

Cell Phone:

Email:

Seller's Realtor:

Office Phone:

Company:

Cell Phone:

Email:

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