

TITLE INSURANCE ORDER FORM

GENERAL INFORMATION

Order Date: _____
 Ordered By: _____ @ _____
 Phone No.: _____ Fax No.: _____
 Transaction Type: New Mortgage Refinance Cash Sale Contract for Deed
 Property Report Other _____
 Sale Price: \$ _____ Loan Amount: \$ _____
 Lender: _____
 Policies to be Issued: Owner's and Mortgagee Owner's Only Loan Only None
 Endorsements Requested: Location EPA Comprehensive Other _____

PROPERTY INFORMATION

Street Address: _____
 Legal Description: _____
 Tax I.D./Parcel I.D.: _____
 Property Type: Residential Multi-Family Commercial Farmland Only
 Farmland & Residence

SELLER'S INFORMATION

Name(s): _____ Broker/Agent: _____
 Address: _____ Commission: _____
 _____ Commission Split: _____
 Phone #: _____ Attorney: _____
 S.S.N.: _____ Current Mortgage Holder(s) _____

BUYER'S INFORMATION

Name(s): _____ Broker/Agent: _____
 Address: _____
 _____ Attorney: _____
 Phone #: _____ S.S.N.: _____

CLOSING

Will closing be at Statham Long & Mitchell, LLC? Yes No
 Would you like to request a closing date? Date: _____ Time: _____
 Deed and P-TAX preparation needed? Yes No
 Special Instructions: _____
