



TITLE AGENCY, INC.

RESIDENTIAL
COMMERCIAL

Refinance
Purchase
Present Owner
Co-op Search
Other

DATE: _____

TITLE #: _____

(for internal use only)

ORDER FORM

Account Executive: _____ Date Required: _____ Anticipated Closing Date: _____

ATTORNEY'S/
APPLICANT'S NAME: _____

PHONE: _____

ADDRESS: _____

FAX: _____

E-MAIL: _____

How do you want your binder sent: E-mail Overnight mail Fax

Is Castle Rock Title Agency the closer/settlement agent: Yes No

PROPERTY ADDRESS: _____ MUNICIPALITY: _____

COUNTY/STATE: _____ TAX LOT(S): _____ TAX BLOCK(S): _____

SELLER(S)/PRESENT OWNER(S): _____

SELLER'S ADDRESS: _____

PURCHASER(S): _____

PURCHASER'S ADDRESS: _____

MAIDEN NAME: _____ PURCHASE AMOUNT: _____ MORTGAGE AMOUNT: _____

MORTGAGEE NAME: _____

ASSIGNS LANGUAGE: _____

MORTGAGEE ADDRESS: _____

- SURVEY** Castle Rock Title will order Applicant will order Use existing w/ affidavit None
- FLOOD** Castle Rock Title will order Life of Loan None
- BACK TITLE** Enclosed Will send None
- NOTICE OF SETTLEMENT** Castle Rock Title to file Applicant to file

DELIVERY INSTRUCTIONS: Please send copy of binder to:

Lender _____ E-mail Overnight mail Fax

Seller's Attorney _____ E-mail Overnight mail Fax

ADDITIONAL INSTRUCTIONS: _____