

South Florida Title Insurers

350 East Las Olas Blvd., Suite 1440
Ft. Lauderdale, FL 33301
Phone: 954-522-8110 Fax: 954-525-4300

TITLE ORDER

Date: _____ Date Commitment Needed: _____ Closing Date: _____

Ordered By: _____ Purchase/Sale/Refinance: _____

Company Name: _____

Telephone Number: _____ Fax: _____

Seller: (#1) _____ **SS#:** _____ **Circle:** Single or Married

(#2) _____ **SS #:** _____ **Circle:** Single or Married

Seller Phone Number: _____

Buyer: (#1) _____ **SS #:** _____ **Circle:** Single or Married

(#2) _____ **SS #:** _____ **Circle:** Single or Married

Buyer Phone Number: _____

Property Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Lender: _____ **Mortgagee Clause** _____

Sales Price: \$ _____ Loan Amount: \$ _____

Do you want us to order insurance? Yes No

If yes, Name _____ and Number _____

Do you want us to order the payoffs? Yes No

1st Mortgage with: _____ Phone #: _____

Loan #: _____

2nd Mortgage with: _____ Phone #: _____

Loan #: _____

Buyers Agent: _____ Phone #: _____

Sellers Agent: _____ Phone #: _____

Prior Title Policy Attached: Yes _____ No _____ To Follow _____