

PREMIER TITLE PARTNERS OF OCALA II, LTD.
1910 SW 18TH COURT, BUILDING 200
OCALA, FL 34471
PH: (352) 732-3437 FX: (352) 732-4812



TITLE INSURANCE ORDER FORM

Please complete the form in full. If any information asked for does not apply, please mark with an n/a. If there is a trust involved, please attach a copy to this order. Any additional information you could provide us would be appreciated. If you have any questions please call our office. We appreciate the opportunity to do business with you. Thank you!

CLOSING INFORMATION:

Date of Order: _____ Date of Closing: _____
Sales Price: \$ _____ Deposit: \$ _____

PROPERTY INFORMATION:

Property Address: _____
Lot: _____ Block: _____ Book: _____ Page: _____ Subdivision: _____
County: _____ Parcel ID#: _____
Homeowners/Property Owners Association: _____

SELLER INFORMATION: (Leave blank if Refi)

Seller Name(s): _____ Marital Status: _____
Social Security Numbers: (1) _____ (2) _____
Phone #'s: (h) _____ (w) _____ (c) _____
Current Address: _____
Attending Closing? _____ Prior Policy Attached? _____
Trust? _____ Probate? _____ Seller Deceased? _____ name: _____
Existing Mortgage? _____ If yes, provide lender information:
Lender: _____ Loan # _____ Phone # _____

BUYER/BORROWER INFORMATION:

Buyer Name(s): _____ Marital Status: _____
Phone #'s: (h) _____ (w) _____ (c) _____
Current Address: _____
Attending Closing? _____
Cash or Mortgage? _____ If there will be a lender please complete:
New Lender Name: _____ Contact: _____
Phone Number: _____ Loan Amount: _____
Conventional? _____ FHA? _____ VA? _____

NOTE TO LENDERS: ALL LOAN PACKAGES MUST BE RECEIVED 24 HOURS PRIOR TO CLOSING

SERVICES NEEDED:

SURVEYS AND/OR PEST INSPECTIONS SHOULD BE ORDERED BY BUYERS AGENT OR LENDER. WE DO NOT ORDER SURVEYS!

REALTOR/BROKER INFORMATION:

Commissions: Listing _____ Selling _____ MLS fees _____
Listing Office: _____ Agent: _____
Listing Agent Phone: _____ Fax: _____
Selling Office: _____ Agent: _____
Selling Agent Phone: _____ Fax: _____

SPECIAL INSTRUCTIONS: