



4707 SE 9th Place ▲ Cape Coral, FL 33904
239-549-3087 ▲ 239-549-1885 FAX

ORDER FORM FOR TITLE

Please fax a copy of the contract and any addendums with order

Date: _____ Sale/Purchase _____ Refinance _____
Contract price: _____ Deposit amount _____
Deposit held by: _____ Telephone _____
Property address: _____ City _____ State _____ Zip _____
Strap# _____

Seller's name: _____
Address: _____ City _____ State _____ Zip _____
Telephone: _____ Cell _____ Email _____
Closing location: Mail away Office Other
Existing 1st Mortgage Info: Lender _____
Account # _____ Customer Svc Telephone _____
Existing 2nd Mortgage Info: Lender _____
Account # _____ Customer Svc Telephone _____

Buyer's name: _____
Address: _____ City _____ State _____ Zip _____
Telephone: _____ Cell _____ Email _____
Closing location: Mail away Office Other
Financing: Yes Amount _____ Cash transaction: Yes
Mortgage broker name: _____ Contact _____
Telephone: _____ Fax _____
Lender name: _____ Contact _____
Telephone: _____ Fax _____
Survey required? Yes No

Selling office: _____ Address: _____
Agent: _____ Telephone _____ Cell _____
Fax: _____ Email _____
Listing office: _____ Address: _____
Agent: _____ Telephone _____ Cell _____
Fax: _____ Email _____

Commission % and split %: _____
Transaction fee: Selling office _____ Listing office _____
Home warranty: Selling office _____ Listing office _____

If property is a condominium or property is in a HOA please provide name and contact info:
Name: _____ Contact _____
Telephone: _____ Fax _____