

Resource Title Agency, Inc.
264 Union Boulevard
Totowa, NJ 07512
Phone: 973-904-1188 Fax: 973-904-1144

TITLE INSURANCE ORDER FORM

Today's Date: _____ Date Required: _____ Anticipated Closing Date: _____

FROM: Name: _____ Firm/Co: _____
Address: _____ Phone: (____) _____
_____ Fax: (____) _____

I/WE HEREBY APPLY FOR: _____ Title Insurance _____ Examination Only
Transaction Type: _____ PURCHASE - Back Title Provided Yes/No
_____ REFINANCE

PROPERTY ADDRESS:

Street: _____ Town: _____ County: _____
Lot(s): _____ Block: _____
Condo(Name): _____ Unit(s)#: _____ Bldg: _____

BORROWER'S/PURCHASER'S INFO:

Purchase Price \$ _____ Mortgage Amount \$ _____
Purchaser's Name(s): _____ S.S.#: _____
Marital Status: _____ Maiden Name: _____
Purchaser's Name(s): _____ S.S.#: _____
Marital Status: _____ Maiden Name: _____

Buyer's Attorney:

Address: _____ Phone: _____
_____ Fax: _____

SELLER(S) INFO:

Seller's Name: _____ S.S.#: _____
Marital Status: _____ Maiden Name: _____
Seller's Name: _____ S.S.#: _____
Marital Status: _____ Maiden Name: _____

Seller's Attorney:

Address: _____ Phone: _____
_____ Fax: _____

Would you like to send the Seller's Attorney a copy of the Commitment directly? Y/N

Lender:

Address: _____ Contact: _____
_____ Phone: _____
_____ Fax: _____

Would you like to send the Lender a copy of the Commitment directly? Y/N

Would you like to send the Review Attorney a copy of the Commitment directly? Y/N

- Title Co. to provide closing services. Yes___ No___
- Title Co. to order Survey. Yes___ No___
- Title Co. to order Flood Cert. Yes___ No___
- Title Co. to obtain mortgage payoff statements. Yes___ No___
- Title Co. to order State UCC Searches. Yes___ No___

Please attach a copy of the following: Back Title, Current Deed, Mortgages & Account # & Phone#, Survey, Loan Commitment & contact # and Insurance Policy info.