



Title Order Request

*(Required fields are in **Bold**)*

Please print and fill this form and have it faxed to us at (305) 827-0340
or fill, save and e-mail it to Info@ColonialTitle.us

Order Information:

Name:

Company:

Email:

Phone:

Fax:

Estimated / Preferred Closing Date:

Property Information:

Address:

City:

State:

Zip:

County:

**Parcel
ID :**

Legal Description:

Seller Information: (cont.)

City:

State:

Zip:

Phone:

Fax:

Attorney:

Phone:

Realtor:

Phone

Loan (Lender) Information:

Type of Loan:

- Purchase / Sale
- Cash-out Refinance
- No Cash-out Refinance

Purchase Price:

Loan Amount:

Proposed Lender:

Loan Officer's Name:

Phone:

1st Mortgage Holder:

Loan No.:

Payoff:

Phone: :

Fax:

2nd Mortgage Holder:

Loan No.:

Payoff:

Phone: :

Fax:

Additional Information:

HOA / Condo Contact: Phone
:

Hazard Insurance Company: Phone
Contact Name: :

Termite Inspection needed: Yes No

Survey needed to be ordered: Yes No

Comments:

