



# EQUITY TITLE

3950 Lewiston Street, Suite 100 Aurora, CO 80011-1556 Phone: (303) 373-5500 Fax: (303) 373-5548

**RESIDENTIAL LENDER  
TITLE ORDER FORM**

Today's Date: \_\_\_\_\_

Sales Rep: House  
Closer:

**Please Fax Orders To: (303) 373-5548**

PLEASE FORWARD **BORROWER'S AUTHORIZATION** WITH ORDERS!

Ordered By: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Lender to Close:  Yes  No Date Needed: \_\_\_\_\_

Est. Closing Date: \_\_\_\_\_

Type of Transaction:  Refinance  2<sup>nd</sup> Mortgage  To Be Determined

Type of Policy:  Short Form  Long Form

Type of Rate:  Bundled/Packaged Rate (Includes All Endorsements and Tax Certificate)  Refinance Rate

Endorsements:  Form 100  Form 8.1  Form 110.7 (Adj.)  Form 115.2  Form 115.1 (Condo)

Minerals  Tax Cert.  Other \_\_\_\_\_

Property Address: \_\_\_\_\_ Condominium  Yes  No

Legal Description (If Known): \_\_\_\_\_ County: \_\_\_\_\_

### BORROWER INFORMATION

Borrower #1: \_\_\_\_\_

Borrower #2: \_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Ph: \_\_\_\_\_ Wk: \_\_\_\_\_

Ph: \_\_\_\_\_ Wk: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### NEW LOAN INFORMATION

Loan Amt: \_\_\_\_\_

Loan Amt: \_\_\_\_\_

New Lender #1: \_\_\_\_\_

New Lender #2: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Type:  CONV  VA  FHA  PRIVATE

Type:  CONV  VA  FHA  PRIVATE

Lender's Clause: \_\_\_\_\_

### PAYOFF INFORMATION

Payoff #1: \_\_\_\_\_

Payoff #2: \_\_\_\_\_

Loan #: \_\_\_\_\_

Loan #: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

Ph: \_\_\_\_\_ Fax: \_\_\_\_\_

**THANK YOU!**  
*We Appreciate Your Business!*