



EQUITY TITLE

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

TITLE ORDER FORM

Today's Date: _____ Sales Rep: _____

Ordered By: _____ Ph: _____ **Fax Orders To: (303) 373-5548**

Property Address: _____ Condominium Yes No

Legal Description (If Known): _____

Sales Price: \$ _____ County: _____ Parcel #: _____

AGENT INFORMATION

Listing Agent: _____ Selling Agent: _____

Agency: _____ Agency: _____

Address: _____ Address: _____

Ph: _____ Fax: _____ Ph: _____ Fax: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Commission %: _____ Commission %: _____

ESCROW / TITLE INFORMATION

Title Deadline Date: _____ Estimated Closing Date: _____

EARNEST MONEY

Deposit w/Title Co.

Will Bring Cashier's Check

Deduct from Commission

SELLER AND BUYER INFORMATION

Seller #1: _____ Buyer #1: _____

SSN: _____ SSN: _____

Seller #2: _____ Buyer #2: _____

SSN: _____ SSN: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Ph: _____ Wk: _____ Ph: _____ Wk: _____

Email: _____ Email: _____

ADDITIONAL REMARKS

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

PAYOFF INFORMATION

Payoff #1: _____ Payoff #2: _____

Loan #: _____ Loan #: _____

Ph: _____ Fax: _____ Ph: _____ Fax: _____

MISCELLANEOUS

HOA Management Co. _____ Ph: _____ Fax: _____

Water Department: _____ Ph: _____ Fax: _____

Sewer Department: _____ Ph: _____ Fax: _____

THANK YOU!
We Appreciate Your Business!