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TITLE ORDER FORM

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Date: \_\_\_\_\_ Ordered by: \_\_\_\_\_

Purchase     Refinance     HELOC     Commercial     Construction     O&E Search

Projected Closing Date: \_\_\_\_\_ Location:  RHA Office     Other: \_\_\_\_\_

Closing by mail?  no     yes – address: \_\_\_\_\_

**Legal Description and Policy Information:** *Either the Street Address or Tax ID# or Both must be filled in.*

Legal Description: \_\_\_\_\_

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

Tax ID No.: \_\_\_\_\_

Sales Price (if applicable): \_\_\_\_\_ Loan Amount: \_\_\_\_\_

Lender: \_\_\_\_\_

**Seller(s) Information:**

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| Name: _____                              | Name: _____                              |
| Social Security #: _____ - _____ - _____ | Social Security #: _____ - _____ - _____ |
| Work Phone: _____                        | Work Phone: _____                        |
| Cell Phone: _____                        | Cell Phone: _____                        |
| Fax #: _____                             | Fax #: _____                             |
| E-mail: _____                            | E-mail: _____                            |

|                        |              |
|------------------------|--------------|
| Selling Realtor: _____ | Phone: _____ |
| Fax: _____             | Email: _____ |

**Borrower(s) Information:**

|                                                                                                                                                        |                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name: _____                                                                                                                                            | Name: _____                                                                                                                                            |
| Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married<br><input type="checkbox"/> widowed <input type="checkbox"/> divorced | Marital Status: <input type="checkbox"/> single <input type="checkbox"/> married<br><input type="checkbox"/> widowed <input type="checkbox"/> divorced |
| Social Security #: _____ - _____ - _____                                                                                                               | Social Security #: _____ - _____ - _____                                                                                                               |
| Work Phone: _____                                                                                                                                      | Work Phone: _____                                                                                                                                      |
| Cell Phone: _____                                                                                                                                      | Cell Phone: _____                                                                                                                                      |
| Fax #: _____                                                                                                                                           | Fax #: _____                                                                                                                                           |
| E-mail: _____                                                                                                                                          | E-mail: _____                                                                                                                                          |

|                        |              |
|------------------------|--------------|
| Listing Realtor: _____ | Phone: _____ |
| Fax: _____             | Email: _____ |

**Lender/Broker Information:**

|                       |                |
|-----------------------|----------------|
| Lender: _____         | Broker: _____  |
| Contact: _____        | Phone #: _____ |
| Fax #: _____          | Email: _____   |
| Order Comments: _____ |                |