



Central Florida
 Tel.: 407-891-6200
 Fax: 407-957-4456

THE CLASSIC TITLE AGENCY TITLE ORDER FORM

PROPERTY INFORMATION

Property Street Address: _____ City: _____
 Property ID # or Legal: _____ Zip: _____ County: _____
 Estimated Closing Date: _____ Sales Price: _____
 Escrow Deposit Held By: _____ Amount: _____

SELLERS INFORMATION

Name: _____ SSN: _____ Phone: _____
 Name: _____ SSN: _____ Phone: _____
 Marital Status: _____ Is this a mail away? Yes No To where? _____
 Listing Agent Name: _____ Company: _____ Commission: _____
 Agent Phone: _____ Cell: _____ Fax: _____ Email: _____
 Transaction Fee: _____ HOA Yes No
 HOA Contact Name: _____ Phone Number: _____ Dues: _____
 Payoff #1: _____ Phone Number: _____ Loan #: _____
 Payoff #2: _____ Phone Number: _____ Loan #: _____

BUYERS INFORMATION

Name: _____ SSN: _____ Phone: _____
 Name: _____ SSN: _____ Phone: _____
 Marital Status: _____ Is this a mail away? Yes No To where? _____
 Listing Agent Name: _____ Company: _____ Commission: _____
 Agent Phone: _____ Cell: _____ Fax: _____ Email: _____
 Transaction Fee: _____ Pest Needed: Yes No Already ordered? Yes No
 Home Warranty: Yes No Company: _____ Cost: Seller Buyer Pays
 Survey: Yes No Mortgage Broker: _____ Phone: _____
 Loan Officer Name: _____ Lender Name: _____
 Loan Amount 1st Mortgage: _____ 2nd Mortgage: _____ 2nd Lender: _____
 Home Owners Insurance Company: _____ Agent: _____ Phone: _____

Comments:

Please send a copy of contract and last mortgage statements to facilitate ordering payoffs.

Office Closing at: St Cloud Office Other _____