



Full Service Title & Escrow, LLC

Phone: (305) 722-1880 Fax: (305) 722-1884 E-mail: Orders@FullServiceTitle.com  
15450 New Barn Road, Suite 303, Miami Lakes, Florida 33014

# TITLE ORDER

Date Ordered: \_\_\_\_\_ Ordered by: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Company Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Legal Description: (If known) \_\_\_\_\_

### Real Estate Agents Information

Selling Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax: \_\_\_\_\_  
Listing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company: \_\_\_\_\_ Fax: \_\_\_\_\_

### Purchase/Borrower Information

Names: \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
SSN: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DOB: \_\_\_\_\_  
Marital Status:  Married  Single

### New Loan Information

Closing Date: \_\_\_\_\_ Purpose:  Refinance  Purchase  
Lender: \_\_\_\_\_  
Phone: \_\_\_\_\_ Type of Loan:  Conventional  FHA  VA  
Approx. Loan Amount: \_\_\_\_\_ Sale Price: \_\_\_\_\_  
Loan Officer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Processor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupancy:  Primary Residence  Second Home  Investment Property  Commercial

### Seller Information

Name(s) on the Deed: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Prior Title Policy Available:  Yes  No Marital Status:  Married  Single

### Existing Lien(s)

HOA: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct: \_\_\_\_\_  
1<sup>st</sup> Lienholder: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct: \_\_\_\_\_  
2<sup>nd</sup> Lienholder: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct: \_\_\_\_\_  
3<sup>rd</sup> Lienholder: \_\_\_\_\_ Phone: \_\_\_\_\_ Acct: \_\_\_\_\_