

ORDER FORM

Date Submitted:	Reference No.:		
Submitter Information:			
Submitted by:	_ Company Name:		
Preferred Method of Communication:	Company Address: _		
Phone Email	-		
Document Delivery Options:	Phone No.:	Fax No.:	
Fax Email Mail	Email:		
Lender Information:			
Lender Name:		Loan No.:	
Lender Address:		Loan Type:	Conventional Uninsured
			Conventional Insured
Phone No.: Fax No.: _			FHA VA RHS
Email:			Cash
Lender Fed ID No.:		Loan Amoun	t:
Preferred Method of Communication: Phone Email		Payment	Cash at Closing Financing
Transaction Details:			C
Type: Residential Lease Refinance		Purchase Price:	
Other (specify):		Earnest Money:	
Anticipated Closing Date:			
<u>Property Details</u> :			
Property Address:		Type: Res	idential Commercial
		Ind	ustrial Agricultural
(City, State, Zip)		Otl	ner (specify):
County: Tax ID No.: _			

<u>Title/Closing Services Requested</u>:

<u>Title Services</u> (check all that apply)	<u>Closing Services</u> (check all that apply)	
Title Examination	Full Closing (includes hosting as well as	
Full (30 years) Limited through	processing/disbursement of closing funds.)	
Bankruptcy Search	Processing/Disbursement of Funds ONLY	
Litigation Search	Hosting ONLY	
Title Commitment	Preparation of Closing Documents	
Survey	Quitclaim Deed	
Boundary (Standard) ALTA	Warranty Deed	
Title Insurance	Power of Attorney in favor of:	
Owner's Policy: Basic Enhanced		
Loan Policy: Basic Enhanced	Other Closing Document(s) (specify):	
Endorsements (specify):		
Other (specify):		
Buyer/Borrower Information:		
Buyer Name:	SSN:	
Buyer Address:	Phone No.:	
	Fax No.:	
Preferred Method of Communication: Phone Email	Email:	
If Buyer is represented by Broker, please list:		
Broker's Name:	Phone No.:	
Firm Address:	Fax No.:	
	Email:	
Commission: Commission Split:		
Seller Information:		
Seller Name:	SSN:	
Seller Address:	Phone No.:	
	Fax No.:	
Preferred Method of Communication: Phone Email	Email:	
If Seller is represented by Broker, please list:		
Broker's Name:	Phone No.:	
Firm Address:	Fax No.:	
	Email:	
Commission: Commission Split:		

Other Interested Parties: (HOA/Owner's Association, Attorney, License Holder, etc.)

Party 1 Name:	Phone No.:
Party 1 Address:	Fax No.:
	Email:
Relation to Transaction:	
Party 2 Name:	Phone No.:
Party 2 Address:	Fax No.:
	Email:
Relation to Transaction:	
Party 3 Name:	Phone No.:
Party 3 Address:	Fax No.:
	Email:
Relation to Transaction:	

Other Special Instructions:

-Please attach relevant documents like purchase agreements, prior title policies/commitments, payoff authorizations, etc.
-Please properly identify all secondary or additional buyers/sellers involved with this transaction.
-Submit orders by email at: <u>orders@buyerschoicetitletn.com</u> or by fax at (865) 463-7881.

www.BuyersChoiceTitleTN.com

