

TITLE REQUEST ORDER FORM



SETTLEMENT SERVICES

TO: Scott Britt Phone: 240.747-2472
PBXSS Fax: 240-747-2493
FROM: Phone: _____ Fax: _____
Email: _____

LENDER/APPLICANT: _____

BORROWERS: _____

PHONE: Home: _____ Work: _____

CURRENT ADDRESS: _____

PROPERTY ADDRESS: _____

IF PURCHASE: Listing Agent: _____
Selling Agent: _____
Sellers: _____

IF REFINANCE: PAYOFF INFORMATION
First Mortgage: _____
Phone Number: _____ Account Number: _____
Second Mortgage: _____
Phone Number: _____ Account Number: _____

ADDITIONAL PAYOFFS: _____

CHECK ALL THAT APPLY:
 Refinance
 Purchase

CHECK ALL THAT APPLY:
Please prepare the following (please check):
 Subordination Agreement
 New Deed
 Power of Attorney

CHECK ALL THAT APPLY: Attachments
 Loan Application Purchase Contract Copy of deed or DOT
 Trust Agreement Divorce Decree Separation Agreement
 Quick Claim Deed Other: Title Binder

ARRANGEMENTS FOR SETTLEMENT
Loan Amount: Estimated Settlement Date: _____
Estimated Value/Sales Price: _____

NOTES: _____
