

REQUEST FOR TITLE

AACCRATE TITLE SERVICES OF SW FL, LLC

403 Joan Avenue North, Unit A

Lehigh Acres, FL 33971

Office: 239-369-0363 * Fax 239-369-0364

Website: www.aaccuratetitle.info

Fax or e-mail request to bfeldman@aaccuratetitle.info

For a smooth closing, please provide a legible copy of the Purchase Contract along with prior Title Policy and Survey if applicable. THANK YOU for your order.

DATE: _____ ORDERED BY: _____ FOR: _____
CLOSING DATE: _____ IN OUR OFFICE __Y __N MAILAWAY: __Y __N

PROPERTY/CONTRACT INFO

ADDRESS: _____
SALES PRICE \$ _____ STRAP #: _____
ESTIMATED CLOSING DATE: _____ DEPOSIT \$ _____
DEPOSIT HELD BY: _____

SELLER(S)

NAME/PHONE # _____
ADDRESS _____
MARITAL STATUS _____ S.S.# _____ D/O/B _____
EXISTING MORTGAGEE(S): _____
MTGEE(S) PHONE # _____ LOAN # _____
(A copy of the existing loan statement will be helpful in obtaining payoffs quickly.)

BUYER(S)

NAME/PHONE # _____
ADDRESS _____
MARITAL STATUS _____ S.S.# _____ D/O/B _____

CONDO ASSOC. NAME & PHONE _____

FINANCING

LENDER _____ AMOUNT _____
CONTACT PERSON: _____ PHONE # _____
ADDRESS _____ FAX # _____
TYPE OF LOAN: ____1ST MTG. ____2ND MTG. ____HELOC

MTG BROKER

CONTACT PERSON: _____ PHONE # _____
ADDRESS _____ FAX # _____

REALTORS:

LISTING OFFICE: _____ AGENT: _____
ADDRESS: _____
PHONE: _____ FAX: _____ TOTAL COMMISSION _____
TRANSACTION/COMPLIANCE/ADMINISTRATION FEE: _____

SELLING OFFICE: _____ AGENT: _____
ADDRESS: _____
PHONE: _____ FAX: _____ TOTAL COMMISSION _____
TRANSACTION/COMPLIANCE/ADMINISTRATION FEE: _____

NOTES: _____

