

**KTITLE**

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**Palm Beach Gardens**

Phone: 561-571-7599 Fax: 561-828-3321

**Port St Lucie**

Phone: 772-465-5189 Fax: 888-441-3780

**TITLE ORDER PURCHASE / REFINANCE**

**PLEASE ATTACH YOUR PURCHASE AGREEMENT/TITLE REQUEST**

Date: \_\_\_\_\_ Closing/Consumption Date: \_\_\_\_\_  
Purchase Price: \_\_\_\_\_ Loan Amount: \_\_\_\_\_  Cash  Mortgage (Check one if purchase)  
Property Address: \_\_\_\_\_  
Brief Legal\Property Control No: \_\_\_\_\_

**Seller Information**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailaway  Yes  No  
Social Security #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Consumer Information**

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Address Required on Deed : \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Mailaway  Yes  No  
Social Security #: \_\_\_\_\_  
Social Security #: \_\_\_\_\_

**Seller's Realtor Information**

Agent: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Agent License #: \_\_\_\_\_  
Office License #: \_\_\_\_\_  
Commission: \_\_\_\_\_ % Processing Fee: \_\_\_\_\_

**Consumer's Realtor Information**

Agent: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Agency Address: \_\_\_\_\_  
\_\_\_\_\_  
Cell: \_\_\_\_\_  
Email: \_\_\_\_\_  
Agent License #: \_\_\_\_\_  
Office License #: \_\_\_\_\_  
Commission: \_\_\_\_\_ % Processing Fee: \_\_\_\_\_

**Seller's Current Mortgage Information (if applicable):**

Lender Name: \_\_\_\_\_  
Loan #: \_\_\_\_\_  
Customer Service Number: \_\_\_\_\_

**Lender Information (if applicable):**

Company: \_\_\_\_\_  
Loan Officer: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Officer NMLS#: \_\_\_\_\_  
Office NMLS#: \_\_\_\_\_

**Homeowners Association Information (if applicable)**

Association Name: \_\_\_\_\_  
Phone: \_\_\_\_\_