

FLORIDA CLOSING & ESCROW, LLC

11125 NW 124th Street

Medley, FL 33178

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Email: docs@floridaclosing.com

From Co. Name:

Name:

Phone:

Fax:

Email Address:

TITLE ORDER FORM

Buyer/ Borrower: _____	Co-Buyer/ Borrower: _____
Marital Status: _____	Marital Status: _____
Social Security #: _____	Social Security #: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

TITLE TO BE VESTED IN THE NAME OF: _____				
Property Address: _____				
Legal Description: _____				
_____ County _____ Primary Residence _____ Secondary Home _____ Investment Property				
_____ Detached _____ Attached _____ Condo _____ PUD _____ Co-Op				

Order Type: *Purchase: _____	Cash-Out Refi: _____	No Cash-Out Refi: _____
*If a Purchase, please send a copy of the Purchase/Sales Contract.		
Sale Price: \$ _____	Loan Amt.: \$ _____	
Seller Name: _____	Lender: _____	
Contact Phone #: _____	CPL/ Mortgagee Clause: _____	
Listing Realtor Info: _____		
Selling Realtor Info: _____		
HOA/Condo Contact Info: _____		
Short Sale: YES _____ NO _____		
Mail Away: YES _____ NO _____		
Est. Closing Date: _____		

Special Instructions/ Comments:

Please order the following: Payoffs _____ Insurance _____ Survey _____