ACCESS TITLE COMPANY Title Insurance - Escrows - Closings

1455 South State Street, Suite C ● Orem, Utah 84058 ● (801) 221-1555 ● FAX 221-1295

TITLE REPORT ORDER FORM

*Please Fill all information that applies

Date _____ **Tax Serial No.** _____

Ordered By: _____ **Loan Officer**:

Company Name:

Address:

Phone: _____ **Fax**: _____ **Cell**: _____

PLEASE MARK ONE:

☐ REFINANCE ☐ 2ND MORTGAGE ☐ PURCHASE ☐ CONSTRUCTION ☐ RENTAL PROPERTY

BORROWER'S NAME:

_____ SS # _____ Birthdate _____

_____ SS # _____ Birthdate _____

Address

Phone _____ WK # _____ Cell:

Agent _____ Brokerage _____ Phone: _____ Fax:_____

SELLERS NAME:

_____ SS # _____ Birthdate _____

_____ SS # _____ Birthdate _____

Address

Phone _____ WK # _____ Cell:

Agent _____ Brokerage _____ Phone: _____ Fax: _____

PROPERTY ADDRESS_____

Last Finance Year_____

Loan Amount $_____ Sales Price $_____ Endorsements_____

PAYOFF INFORMATION:

1st Mortgage Company Name: _____ Loan #

2nd Mortgage Company Name: _____ Loan #

Other:

Special Requests _____

_____

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