



# TRADEMARK TITLE

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SERVICING ALL OF INDIANA

## Trademark Title Request Order Form

To place your title requests please fax to 260.490.9503, Email to [Fortwayne@trademarktitleinc.com](mailto:Fortwayne@trademarktitleinc.com) or submit your requests online at [www.trademarktitleinc.com](http://www.trademarktitleinc.com)

### Agent Information:

Listing Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Selling Agent: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### Commissions:

Listing Agent % \_\_\_\_\_ Selling Agent % \_\_\_\_\_ Earnest Money: \_\_\_\_\_

Pending Transaction Fee: Buyer \$ \_\_\_\_\_ Seller \$ \_\_\_\_\_

### Mortgage Info:

Loan Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Lender to Be Insured: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sales Price: \$ \_\_\_\_\_

New Loan Amount: \$ \_\_\_\_\_

### Property Information:

Borrower \_\_\_\_\_ SSN: \_\_\_\_\_

Borrower: \_\_\_\_\_ SSN: \_\_\_\_\_

Seller: \_\_\_\_\_ SSN: \_\_\_\_\_

Seller: \_\_\_\_\_ SSN: \_\_\_\_\_

Property Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

### Payoff Information:

Current 1st. Mortgage: \_\_\_\_\_ Current 2nd. Mortgage: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Acct. #: \_\_\_\_\_

### Association Dues:

**YES or No**

If Yes, Contact Info: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Survey:

**YES or No**

If Yes, Preferred Surveyor: Name: \_\_\_\_\_ Phone # \_\_\_\_\_

THANK YOU FOR USING TRADEMARK TITLE