

TITLE ASSOCIATES, INC.  
TITLE INSURANCE ORDER  
900 John Nolen Drive Suite 220  
Madison, WI 53713  
(608)270-2690 (608)270-2691 - Fax

FILE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

WHO ORDERED \_\_\_\_\_

PURCHASE\* \_\_\_\_\_ REFINANCE \_\_\_\_\_

TAX KEY \_\_\_\_\_

PROPERTY ADDRESS \_\_\_\_\_

BUYERS \_\_\_\_\_

Husband & Wife \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_ Circle last name if unusual

SELLERS/OWNERS \_\_\_\_\_

Husband & Wife \_\_\_\_\_ Single \_\_\_\_\_ Other \_\_\_\_\_ Circle last name if unusual

LENDER \_\_\_\_\_

ENDORSEMENTS:

FINANCING:

OFFICER \_\_\_\_\_

Cp II/Loc/Env \_\_\_\_\_ Mortgage \_\_\_\_\_

ADDRESS \_\_\_\_\_

Comp I \_\_\_\_\_ Cash \_\_\_\_\_

ARM \_\_\_\_\_ LC \_\_\_\_\_

Balloon \_\_\_\_\_ Refi \_\_\_\_\_

Condo \_\_\_\_\_ Assump \_\_\_\_\_

Const \_\_\_\_\_

Perm Fin \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PREVIOUS TITLE/ABST OR MTG INFO  
NAME \_\_\_\_\_ CALLED \_\_\_\_\_ INT \_\_\_\_\_

PURCHASE PRICE \_\_\_\_\_

MORTGAGE AMOUNT \_\_\_\_\_

LISTING REALTOR \_\_\_\_\_

SELLING REALTOR \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

SELLERS ATTY \_\_\_\_\_

BUYERS ATTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

WHO WILL PREPARE WARRANTY DEED? BLO \_\_\_\_\_ S/A \_\_\_\_\_ B/A \_\_\_\_\_ OTHER \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

DATE NEEDED \_\_\_\_\_

CLOSING DATE \_\_\_\_\_

LOCATION OF CLOSING: \_\_\_\_\_

\*PLEASE SEND A COPY OF THE OFFER TO PURCHASE.