



TITLE ORDER INTAKE FORM PURCHASE

Return to: team@guardtitle.com

Order Date: _____

Delivery Method: *(If none specified, we will send via email.)*

Date Needed: _____

Email:

Purchase Price: _____

US Mail

Loan Amount: _____

Pickup

UPS Next Day (\$10.00 added to Title Preparation Fee)

Ordered By: _____ Agent No.: _____

Phone No.: _____ Fax No.: _____ Email: _____

PROPERTY ADDRESS: _____

District: _____ Section: _____ Block: _____ Lot: _____

Transaction Type:

- Purchase (with mortgage)
- Cash Deal
- Refinance
- Foreclosure
- Attorney Search
- Tract Search

Type of Property:

- Single Family Commercial
- Condo Unit Mixed Use
- Vacant Land
- Apartment Building
- No. of units: _____

BORROWER(S)

Name: _____

SSN *(Last 4 digits)* or FEIN *(in full)**: _____

Name: _____

SSN *(Last 4 digits)* or FEIN *(in full)**: _____

Address: _____

City, State, Zip: _____

County: _____

* Non-purchase money mortgage transactions only.

SELLER(S)

Name: _____

SSN *(Last 4 digits)* or FEIN *(in full)*: _____

Name: _____

SSN *(Last 4 digits)* or FEIN *(in full)*: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

BUYER'S ATTORNEY

Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email: _____ Fax: _____

SELLER'S ATTORNEY

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____ Fax: _____

Name of Lender: _____

Lender's Attorney: _____

Address: _____

City, State, Zip: _____

Email: _____ Ph: _____