



**First American  
Title Company**

# TITLE ORDER FORM

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Office: \_\_\_\_\_ Sales Price: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Will First American Title Company be handling the closing?  Yes  No

## Realtor Information

Commission Split: \_\_\_\_\_ % Listing Office: \_\_\_\_\_ % Selling Office: \_\_\_\_\_ %

Listing Agent: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Selling Agent: \_\_\_\_\_ Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Need by Date: \_\_\_\_\_ Est. Closing Date: \_\_\_\_\_ Earnest Money: \_\_\_\_\_

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

Legal Description or Tax ID No. \_\_\_\_\_

## Seller:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Phone: Fax: \_\_\_\_\_

\_\_\_\_\_  
Email:

## Buyer/Borrower:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
Phone: Fax: \_\_\_\_\_

\_\_\_\_\_  
Email:

## Lender Information

\_\_\_\_\_  
Lender

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone: Fax: \_\_\_\_\_

## Attorney Information

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone: Fax: \_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_