



TITLE REQUEST ORDER FORM

Closing Date: ____/____/____ Time: _____ Purchase Price/ Loan Amt.: \$ _____

Closing Type: Purchase - Refinance - Land Contract - Commercial - Short-Sale

Property Address: _____

City: _____ State: _____ Zip: _____ County: _____

Borrower Phone: (____) _____ Seller Phone: (____) _____

Borrower: _____ SSN _____

Borrower: _____ SSN _____

Seller: _____ SSN _____

Seller: _____ SSN _____

New Lender Contact: _____ Phone: _____

Listing Agent Company: _____ Contact: _____

Email: _____ Phone: _____

Selling Agent Company: _____ Contact: _____

Email: _____ Phone: _____

Survey needed? Yes - No

I hereby authorize Mason Title & Escrow to order a survey on the above referenced property and agree that if the file does not close I will be responsible for full payment.

Client Signature _____

If you would like Mason to order payoffs please provide the following information, along with your clients authorization:

Current 1st Mortgage: _____ Acct. # _____

Current 2nd Mortgage: _____ Acct. # _____

Thank you for using Mason Title & Escrow Company.