



ORDER FORM

Tel: 908-882-4470
Fax: 908-882-4471
www.residetitleservices.com
orders@residetitleservices.com

Date: _____ **Due by:** _____ **Closing Date:** _____

Purchase *Standard Policy* *Enhanced Policy* **Refinance** *Standard Policy* *Enhanced Policy*

Purchase Price \$ _____ **Loan Amount \$** _____

Buyers Attorney: _____ **Reside Title to act as Settlement Agent?** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

Title binder delivered via: Overnight Fax E-mail

Sellers Attorney: _____

Phone: _____ Fax: _____ E-mail: _____

Send binder to Sellers Attorney? **Yes** **No** **Lender?** **Yes** **No**

Lender: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Property Information

Street Address: _____ Block: _____ Lot: _____

Municipality: _____ County: _____ Zip Code: _____

Seller/Borrower Information

Present Owner/Seller: _____

Borrowers/Buyers: _____

Buyers Address: _____

Additional Information:

Notice of Settlement: **Prepare Only** **Prepare & File** **Do Not Prepare**

Survey: **Reside Title to Order** **Attorney to Order** **Surveyor Preference:** _____

Flood Certification **Standard** **Life of Loan** **Do Not Order**