



## TITLE ORDER | CLOSING REQUEST FORM

**Fax or Email to:**  
**KY 502.339.1147      IN 812.944.7700**

Name of Person Requesting \_\_\_\_\_

Company \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Check here if you also need to order a Title / Title Insurance Estimate

Listing Agent       Selling Agent       Purchase  
 Lender               Re-Finance  
 Individual               Cash

### PROPERTY INFORMATION

Property Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### TRANSACTION INFORMATION

Buyer(s) Name \_\_\_\_\_ Contact # H \_\_\_\_\_ C \_\_\_\_\_  
 Check if Company    LLC    Estate    Short Sale      Email \_\_\_\_\_

Seller(s) Name \_\_\_\_\_ Contact # H \_\_\_\_\_ C \_\_\_\_\_  
 Check if Company    LLC    Estate    Short Sale      Email \_\_\_\_\_

#### Closing Information

Preferred Closing Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM    Glenridge Office       Indiana Office

Alternate Closing Date \_\_\_\_\_ Time \_\_\_\_\_ AM PM    Out of Office \_\_\_\_\_  
(Address of Out of Office Location)

#### Financing Information

Lender \_\_\_\_\_ Sales Price \$ \_\_\_\_\_ Loan Amount \_\_\_\_\_

Loan Number \_\_\_\_\_      Loan Type  FHA    VA    Conventional    Cash

Notes \_\_\_\_\_

\_\_\_\_\_

**\* PLEASE SEND COPY OF SALES CONTRACT WHEN ORDERING**