



TITLE ORDER | CLOSING REQUEST FORM

Fax or Email to:

Glenridge: 502.339.1147

Indiana: 812.944.7700

Dixie: 502.447.0076

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
 Lender
 Individual

Purchase
 Re-Finance
 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**