



HTC Title Services, Inc.
Order Form

From: _____

File # _____
Tentative Closing Date:
_____/_____/_____

Date _____

Sales Price: \$ _____

Commitment Needed By: _____

New Mortgage Amount: _____

Buyer's Name(Proposed Insured) _____

SS#: _____

SS#: _____

Seller's Name: _____

SS#: _____

SS#: _____

Lender (Proposed Insured): _____

Property Address: _____

Permanent Tax Number: _____

Single Family New Construction

2 Units Apartment Building

3 Units Commercial

4 Units Vacant

Condominium Other _____

Legal Description:

Same as Attached County: _____

Additional Instructions

OBTAIN WATER CERTIFICATION

(If condominium, supply paid assessment letter with order)

OBTAIN ZONING

Single 2 3 4 Units

Type of Transaction

1st Mortgage 2nd Mortgage

Assumption Home Equity

Cash Sale Refinance

Additional Order Request:

Building Registration (Chicago)

Special Assessment Bills (Chgo)

Birth/Death Certificates (Cook)

Lender:

Name _____

Street _____

City _____ Zip _____

Telephone# _____

Fax# _____

Attn: _____

Buyer's Attorney:

Name _____

Street _____

City _____ Zip _____

Telephone# _____

Fax# _____

Seller's Attorney

Name _____

Street _____

City _____ Zip _____

Telephone# _____

Fax# _____