

**Realty Title Solutions**  
**1227 SE 47<sup>th</sup> Street , Cape Coral, FL 33904**  
**Phone: 239.242.2015 Fax: 239.242.2014**

**TITLE ORDER REQUEST**

**CLOSING DATE:** \_\_\_\_\_  
**SALES PRICE:** \_\_\_\_\_

Do you have a preferred closer? If so, please check one:

Crystal Reyes                      Jackie Hooker                      Cindy Carwile

Please Check one:    CASH      FINANCING      REFINANCE

Please Check one:    Short Sale    Traditional Sale    REO

PROPERTY ADDRESS: \_\_\_\_\_

BUYER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK \_\_\_\_\_ CELL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUYER'S AGENT: \_\_\_\_\_

OFFICE #: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MTG. BROKER/LENDER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Will the buyer be closing locally or via mailaway?    LOCAL                      MAILAWAY

\_\_\_\_\_

SELLER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

HOMES: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ & \_\_\_\_\_

Will the seller be closing locally or via mailaway?    LOCAL                      MAILAWAY

LISTING AGENT: \_\_\_\_\_

OFFICE #: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

PAYOFF INFO: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ LOAN: \_\_\_\_\_

HOMEOWNER'S ASSOC: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

COMMISSION: \_\_\_\_\_ % on \$ \_\_\_\_\_ SPLIT: BUYER: \_\_\_\_\_ % SELLER \_\_\_\_\_ %

TRANSACTION FEE: BUYER: \$ \_\_\_\_\_ SELLER: \$ \_\_\_\_\_