



TITLE REQUEST FOR PURCHASE

PLEASE FAX REQUESTS TO 703-670-9285

DATE OF CONTRACT: _____ (Please attach a clear copy)

PROPERTY ADDRESS: _____

SALES PRICE: _____

PROPOSED SETTLEMENT DATE: _____

BUYER(S): _____

TENANCY OF BUYERS: _____

SELLER(S): _____ SSN: _____

PHONE #: _____

SSN: _____

PHONE #: _____

CURRENT MORTGAGE INFORMATION

1ST TRUST LENDER: _____

LOAN #: _____

PHONE #: _____

2ND TRUST LENDER: _____

LOAN #: _____

PHONE #: _____

HOMEOWNERS/CONDO ASSOCIATION: _____

PHONE #: _____ FAX #: _____

TERMITE INSPECTION ORDERED FROM: _____

PHONE NUMBER: _____

LISTING AGENT: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____

SELLING AGENT: _____

PHONE #: _____ FAX #: _____

ADDRESS: _____

LENDER 1: _____

LOAN AMT: _____

CONTACT: _____ Loan Officer/Processor

PHONE #: _____ FAX #: _____

LENDER 2: _____

LOAN AMT: _____

CONTACT: _____ Loan Officer/Processor

PHONE #: _____ FAX #: _____

RENT BACK: YES NO AMT OF DAYS: _____

SECURITY DEPOSIT: \$ _____ HELD BY: _____

NOTES: _____
