



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# _____